

ARMY MEDICAL ORGANIZATION

A COMPARATIVE EXAMINATION

OF THE

REGIMENTAL AND DEPARTMENTAL SYSTEMS

BY

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ARMY MEDICAL DEPARTMENT.

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THE FOURTH EDITION OF THIS PAMPHLET

Is Dedicated

TO THE MEMORY

OF MY DEAR FRIEND AND COMRADE

GEORGE SHAW,

SURGEON MAJOR, ARMY MEDICAL DEPARTMENT,

KILLED IN ACTION AT KASSASIN

DURING THE EGYPTIAN CAMPAIGN OF 1882.

G. J. H. E.

WOOLWICH ;

Dec., 1882.



PREFACE TO THE FOURTH EDITION.

THE scheme of army medical organization known as unification, or the general, divisional, or non-regimental system, was introduced into our army in 1873, in a modified form, by Mr. Cardwell, one of the greatest war ministers England has ever seen.

This system was further developed in 1876 by Mr. Gathorne Hardy, the then War Minister, on the broad lines laid down by Sir William Mure Muir, the then Director-General of the Army Medical Department.

Contrary, however, to the opinion of every officer in the military medical service, from the highest to the lowest, the system, in itself intrinsically good, was linked with the fatal rule that medical officers should in future enter the army for ten years' service only.

This extraordinary proviso left the medical service for some years absolutely without any candidates, and as a consequence caused serious difficulties from sheer want of medical officers at home, abroad, and in the field. These difficulties were in no way the necessary consequences of the new medical system, but mainly the result of the unfortunate proviso above referred to.

In 1879 a new warrant was issued abolishing the proviso of 1876, and materially increasing the pay and status of the department.

The lines laid down by Sir William Muir for the organisation of the medical service are so good that it is unlikely that any improvement on them can be made, but the many lessons in detail learned from the experience of the African, Transvaal, and Afghan wars are now available to fill up and perfect the scheme. Every campaign teaches us some new lesson in organization, and the officers who served in these African and Afghan wars are now arrived home and are able

to give their experiences ; and the only pity is that it was not possible before the outbreak of the Egyptian war to have utilised the lessons of Affghanistan and the Cape.

In the chapter headed "The Wants of the Medical Service," I have attempted to formulate the experience gained in the field, and it only goes to prove the necessity of carrying out with more thoroughness the ideas of the original founder of the system.

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WOOLWICH ; *December*, 1882.

ARMY MEDICAL ORGANIZATION.

SECTION I

INTRODUCTORY

I PROPOSE, in the following pages, discussing the question of the organization of the Medical Department of the British Army, and further to offer some remarks on the present requirements of the same branch of the service. I propose to treat the subject in a clear and simple manner, avoiding all technicalities, and from such points of view as will commend themselves—*1st*, to England and the common sense of the country; *2nd*, to the military officers of the army; *3rd*, to the medical officers of the army; and *4thly*, to the members of the medical profession at large, whether professors, teachers, or practitioners in civil life. For a definite settlement of this question of organization, it is necessary that all these sections should be in accord on the subject, and I feel convinced that it is perfectly possible for a clear and well-defined understanding to be arrived at satisfactory to all.

It is only by thoroughly sifting this question that a satisfactory settlement can be arranged, and if, in the pages that follow, any statements are made that may appear unpleasant, it seems to me better that at all costs facts should be plainly stated, and not in any way glossed over, than that a rose-coloured picture should be painted, pleasing to the eye but utterly false in every other way.

2. To each of the four sections before mentioned, the question of army medical organization is deeply interesting. To England, more than to any nation in the world, is the thorough efficiency of her medical service essential. Not only are her soldiers obtained with great difficulty and maintained at vast expense, not only has she to attract the volunteer instead of compelling the conscript, but in addition to all this her soldiers are scattered over a widespread empire, garrisoning posts in every possible climate, and exposed not only to war risks, but to every possible variety of disease.

Not Germans, nor Frenchmen, nor Austrians are exposed to sickness as our soldiers are exposed, and Russia alone can compare with us in

the extraordinary chances that send our men from Halifax to Peshawa and Meean Meer, and from Bermuda and Jamaica to Hong-Kong and the Cape. Apart from all field service, our soldiers are daily fighting in a campaign with tropical climates and acute diseases such as are never heard of in other European armies, and to assist these men in their struggle with disease, an efficient medical corps is most essential. England, too, demands for her sons, who are serving her in every quarter of the globe, an amount of care and attention such as the Governments of foreign nations rarely think necessary for their less valuable material; and if the English soldier has been valuable in the past, he will be, if anything, more valuable in the future. It behoves England, therefore, to give full consideration to her army medical service, and to force alike on her military and her medical servants such efficient organization as the good sense of the nation demands.

3. To the military officers of the service the subject of medical organization is of the utmost importance. Not only for their own sakes, but, for the sake of the *morale* of the men, it is essential that the medical service be thoroughly good of its kind and in every way efficient.

Every great captain of the art of war, and indeed every soldier who really deserved the name, has not failed to note how important an aid it is to the well-being of an army that their treatment in sickness, or when wounded, should be thoroughly good, and military history is full of examples of the care and attention bestowed by famous soldiers on the medical organization of their armies, and of the disasters and utter breaking down of efficiency and discipline when these essentials were neglected. It is a subject which cannot be ignored, and it is most important that the military officers should have clear and distinct views on the subject. The opinions of the leading minds of the English military service, and the routine and organization of foreign armies on this subject, should all be studied, and whatever system is based on such support, should receive their ready acceptance.

4. To my brother-officers of the Army Medical Department this subject of medical organization is simply vital. Their comfort, their efficiency, their readiness for service alike in field and quarters, is wholly bound up with it; and if we are to hold our own in comparison with other armies, and if we are to avoid disaster in future campaigns, we must go thoroughly into the subject of organization and seek out what is best in every way from the various competing systems. If we do not, certain failure awaits us in the field, and comparative inefficiency in ordinary barrack life.

5. To the medical profession in civil life, and to the teachers and professors of the various medical colleges, it is essential that the question of the position, the organization, the aims and drawbacks of the medical officers of the army, should be presented in a clear and easily-understood manner, free from all military technicalities, so as to enable them to first grasp the subject themselves before they undertake to advise the young members of our profession on their choice of the different paths of medical work presented to them.

6. It is needless to say that the army, both in the military and its medical branches, has been for some years divided into two schools of

thought on the question of army medical organization, one party supporting the system called regimental, the other standing by unification or departmental views; and in the following paragraphs both will be compared and fully dealt with, the good and bad points of each chosen out, and a definite conclusion arrived at. Afterwards some questions bearing on the condition and future of the army medical service will be discussed.

We shall deal with the various sections in the following order :

- A.*—The regimental system.
- B.*—Its supposed advantages.
- C.*—Drawbacks of the regimental system.
- D.*—The unification system.
- E.*—The wants of the medical service.

SECTION II

THE REGIMENTAL SYSTEM

7. It seems needless to say that to properly understand the question of the medical system of an army, one must first understand its military organization. Both are entirely bound together, and the medical organization of an army must bear a distinct relation to its military system.

The earliest records of our English military system all show that it was thoroughly a regimental one.

English military history points out that during the century and three quarters in which the English army has existed as a force, it, until 1871, existed as a series of detached regiments, a certain number of which garrisoned the home stations, and a great number of which were scattered about in single regiments and detachments over the face of an enormous empire. India and Canada were full of far-detached stations, each consisting of a single regiment. The West Indies, in like manner, was so garrisoned. Australia, New Zealand, the Cape, Ceylon, the Ionian Islands, were all so occupied; and forty years ago, if one wanted to find an English garrison consisting of a group of four or five battalions, Gibraltar and Malta were the only ones that could be pointed out. At home, Portsmouth, and perhaps Dublin, were the only large garrisons, and, as is well known, the other military stations were held by single regiments, and in very many cases by small detachments.

These regiments had no territorial connection whatever beyond the faintest shadow of a name. They had no reserves. They were as strong as the men actually present with the colours made them, but

no stronger. If war was declared they enlisted locally what raw material they could, but in those days a regiment was a definite unit never varying, and the army was not only a long service army, but for many years a life service one.

We shall show further on that in 1871 a radical change took place in our military system, and the old organization, which was in every way a feeble one, disappeared.

8. Corresponding in every way to the military organization the medical organization of the service in those days was wholly regimental, and remained so until 1873, when the departmental system was introduced. What is then the regimental hospital system?

It was a system by which the sick and wounded of the army were treated in separate regimental hospitals, each an adjunct of either a regiment, battalion, battery, or detachment, the military commanding officers of which were responsible for their efficiency. The medical officers who treated the sick were themselves specially commissioned for each regiment, wore its distinctive uniform, and confined their duties to treating the corps sick only. However numerous the various battalions or batteries in a garrison were, each had their own little hospital, wholly separate and distinct from every other corps in the garrison, whether as regards buildings, offices, instruments, medicines, medical officers, or sick attendants. The responsibility for the order and interior economy of these hospitals rested solely with the regimental or battalion commanding officer.

9. To the medical officers who acted under him were delegated the prescribing duties for the sick, but here their responsibility ended. The regimental commanding officer was responsible for the cleanliness and order of the hospital, and every day the subaltern on duty visited it to see that it was "clean and regular" in the same way that he visited each company room in the barracks. The hospital sergeant was a sergeant of the regiment, taken from the regimental ranks by permission of the commanding officer, and he and the nursing orderlies were returnable to duty at any time by the commanding officer's order.

The least irregularity in conduct, or neglect of duty by sergeants, orderlies, or patients, was investigated solely by the commanding officer, the medical officers having no responsibility in the matter beyond reporting it. The commanding officer issued all orders for the interior working of the hospital. The orders for the rising and going to bed of patients, their duties in the wards, and, in fact everything not included in their medical treatment, was arranged for by the commanding officer.

To obtain a new key for the door, a new pane of glass for the window, or a new slate on the roof, he alone was responsible, and he alone could apply to the supply departments. The transport for the hospital and all its supplies save medicines were arranged for by the commanding officer. The medical officer was simply the captain, as it were, of the sick troop or company, and the hospital was worked by the commanding officer as any other company in the regiment.

10. The hospital authority and organization was centralised in the hands of the regimental commanding officer, already supposed to be

very fully employed in other regimental duties, and it depended of course very much on his personal tastes how much or how little he did actively interfere. One commanding officer might be constantly interfering in the hospital and meddling in every petty detail, while another let things slide very much in their own way. Thus no doubt regiments would vary very much from one another in their interior working, depending on how much or how little the commanding officer cared to interfere. To whatever extent they did or did not interfere they were alone responsible, they alone were praised or blamed for its condition, and while such was the case, it was simply right that they should have the fullest authority in its working. Thus only can any system be worked. Whoever is responsible, to him give the power; blame him if he fails, if he succeeds, his be the credit. In this way only can order be preserved. The commanding officer's views were perfectly and strictly correct, and in a regiment there can be but one authority, *viz.* the military officer in command.

11. For their medical treatment of the sick, the medical officers were responsible to the inspecting medical officers, who half-yearly or yearly visited the hospitals, and looked into the records of treatment and dieting.

In those far-off days, from thirty to forty years ago, the medical officers of the army were almost wholly regimental, were commissioned specially in each regiment, and could not be moved for any duty elsewhere save by the sanction of the commanding officer of the regiment. The medical inspectors had no power whatever over them, and they were altogether free from his control, save only in their treatment of the sick. I find that in 1844 there were altogether under sixty assistant surgeons not in regiments in the service, and as these men were scattered over a far wider series of far-detached stations all over the world than exists nowadays, even one staff assistant surgeon in any garrison must have been a curiosity. These staff doctors were under the control of the inspecting doctors, and they were employed in filling up casualties amongst the regimental doctors, and in taking charge of commissariat and other garrison staffs over the empire.

12. Practically the medical department was wholly regimental, and there was not in the empire above three or four general hospitals, if indeed there were so many. A medical *department* properly so called did not exist, and every military hospital was a little one, forming as much an integral part of a corps or battalion as the regimental band or any other regimental institution.

13. When war came and general hospitals were, as in the Peninsula, established, their staff was made up of scratch contributions of individual medical officers and stray orderlies and recovered patients obtained with difficulty from regiments. Any attempt at ambulance assistance, or carriage or removal of sick and wounded, was done regimentally, and in every case general hospitals were, when established, "unsuccessfully administered"—*vide* Sydney Herbert's Introduction to Medical Regulations, 9th July, 1858. This regimental system of working the medical aid for the army was practically in existence until 1873, but since that date it has gradually been supplanted by the unification system.

The regimental system had at any rate one claim on the service, it was of long existence. It had a few advantages, it had many drawbacks, and both of these we will now consider.

SECTION III

SUPPOSED ADVANTAGES OF THE REGIMENTAL SYSTEM

14. The supporters of the regimental system of army medical organization claim for it advantages on three grounds:—

A.—That the regiment, battalion, or battery, had its hospital complete and ready at all times in peace and war, and the regiment was therefore perfectly independent, medically speaking, of the army as a whole in consequence.

B.—That the medical officers being constantly with the same regiment learned to know the men, prevented scheming, and thus benefited the State.

C.—That it formed a pleasant home for the medical officers of the service.

These we will consider in order.

15. That the regiment, battalion, or battery, had its hospital complete and ready at all times in peace and war, and was therefore perfectly independent of the army as a whole in consequence.

The supporters of the regimental system sit with eyes blindfolded as to the extraordinary changes made since Lord Cardwell's time in the service.

They seem to think that because the word regiment remains that the army is still regimental in the old sense. This is far from being the case. In the old days a regiment was a definite fixed unit, practically the same in number and organisation in peace or war, and averaging 800 men at all times. It was, in fact, just as strong as the men serving with the colours made it, but no stronger. There was no local tie whatever, no reserve of any kind, nor any means of supporting the regiment in the field by supplies of trained reservists. Under the old system it was known then that 800 men would have an average number of sick, and a definite provision was made for them on this estimate. To-day all this is changed. The regiment is no longer the unit for the army, and the brigade has become the unit.

In peace a regiment will be perhaps 400, perhaps 450, strong, and when the army is mobilized it will be suddenly swelled up by calling in the army reserve, the militia reserve, the drafts from the linked battalion, and the brigade depôt to 1100 or perhaps 1200 men.

Long service with the colours for the private soldier is dead, and small *cadres* and large reserves will be the rule. Where, then, is the regiment in its old sense? Simply it does not exist. For the military

commander it practically matters not at all that his regiment is so suddenly increased. His reserve men will join him clothed, armed, and equipped, and in our service food-supplies and ammunition are not borne regimentally but supplied on an army basis. It matters little then to the military commander how the regiment swells its numbers provided rations are forthcoming.

16. But if the hospitals were to be worked regimentally, on what basis are we to reckon? Shall each regiment have enough medical officers, orderlies, and equipment for the peace establishment and the small skeleton of 500 men, or for the war footing and the full field strength of 1200? What about the orderlies and nursing staff? Are they to be entertained all through peace to await war, or are they to be always on a peace footing? How about the bedding and clothing, medicines, instruments, and such like? Either we would have a crowd of idle unemployed men in peace or a deficient number in war, the first entailing tremendous expense in peace, the second certain disaster in the field. But in addition to this we all know that no trustworthy regimental average of sick or wounded can be formed. Position in attack in battle, exposure to a heavy fire, or unhealthy camp sites, may always cause one regiment so exposed to suffer heavily, while other regiments in the same division probably escape altogether, so that all our regimental calculations are liable to be thrown out, although divisional calculations generally will maintain an average.

17. Of the frightful expense of maintaining a swarm of regimental hospitals and the absurdity of seeing ten or twelve distinct regimental hospitals marching in rear of a single division in the field, we shall treat hereafter.

The outbreak of any epidemic disease or any heavy sickness threw out all regimental hospital arrangements in peace, and in war heavy numbers of wounded likewise disorganized it. Further, the new army organization rendered it obsolete, and it is now supplanted by central garrison hospitals in peace, and large divisional field hospitals in war, to the great advantage of the service in every way.

18. That the medical officers being constantly with the same regiment learned to know the men, prevented scheming, and thus benefited the State.

Much baseless sentiment has been expended by officers wedded to the old system of the army on what is called knowing the men. Here again there is a failure to grasp modern changes in army life. All men who know the army life know that in the old days a soldier enlisted in the army for life, and could only get out by purchasing his discharge or by invaliding. In 1835 twenty-one years' service was introduced, and in 1847 the ten years' Limited Enlistment Act came into force, but practically, until 1870, the soldier re-engaged, and the army was until then a thoroughly long service army without any reserves. Since that time all has been changed. Men now enlist for six years with the colours, and six years in the reserve passed in civil life; but many thousands of men have gone to the reserve at three years' service, and owing to the linking of battalions and the interchange of men between them and other causes, a regiment now is continually changing its component parts. Men pass through the army

in a way never dreamt of ten years ago. The army has become like Niagara. The cataract goes on, it is true, but each individual drop of water is ever changing. Soldiers now will not spend their whole lives, or indeed any long portion of them, with the colours as they did in the so-called good old days before 1871, and the old long service regimental feelings have widened out into an *esprit d'armée* little felt before. The mere regimental tie is quite weakened, and in India men now volunteer from corps to corps without the least hesitation whatever, often as many as 300 going away *en masse* from a single battalion. This shows how the wind is blowing. If the pre-Crimean doctor knew the pre-Crimean soldier, it was because, under long service rules, both served long years, in fact lifetimes, together, but that is now all passed away with the introduction of short service systems. Knowing the men in the old intimate way is quite impossible either for commanding or medical officers, and is indeed not essential.

19. On the subject of the detection of schemers, it may be said that in the old continuous service and long service army, *malingering* or shamming sick by the soldier was most common, and indeed rose to the dignity of a fine art, so carefully and thoroughly did the old soldier study it. Marshall, an army surgeon of the old school, who wrote some forty years ago, considered it one of the most essential duties of an experienced army surgeon to be able to detect schemers. Medical officers became experts in such studies, and could make a name by it. To-day *malingering* simply does not exist. Short service, rational treatment, easier lives, and the facility of going to the reserve, removes from the soldier the necessity of scheming sick as they did in the good old days, and it is never now seen. It was the bugbear of the old army, but the diamond-cut-diamond stories of clever schemers and still sharper doctors are now merely traditions of the mess tables of the army.

20. Again, every individual soldier in the army has now a special medical history sheet. The old army never had this history, as it was not introduced until 1859. A more inquisitorial or a more useful document does not exist in the service. In it is entered the age, weight, lung power, pulse, and indeed every possible medical particular about the man it refers to. Every disease, ailment, vaccination, and in fact every medical item of any kind connected with the man therein is entered with the treatment, cause of disease, &c. This sheet follows a man everywhere he goes to, and finally is forwarded to the Director-General for statistical purposes at the termination of the man's service. No civil doctor has such a record of his patients. It is truer than even a patient's own statement, as it is a record made by a physician, and it avoids the erroneous ideas of their diseases patients often form. With this document a man can be sent to any army hospital or before any army doctor, and at once his medical history is seen.

21. This disposes very much of the "knowing-the-men" question, but we should remember that the soldier is likewise drawn from a class always treated in civil hospitals, rarely having any personal medical attendant, and the medical men who do treat them in civil life are not bound to them by the ties of army comradeship that binds us so intimately to the soldier.

22. Very constantly, too, we may see it advanced that a medical officer will take an interest in the men of his regiment which he would not take in a strange one. If any medical officer makes such a statement he is doing a very wrong act, and one perfectly indefensible. Considering that in all general hospitals in the field, in all convalescent depôts, and indeed in numerous other situations, the men must, under any organization, be treated by strange medical officers, any medical officer who thinks in this way should not remain in the service. It is of course the merest assertion and quite devoid of any foundation. Any man who wears the uniform of England should, if sick and weak, be of equal value in our eyes. This is the true basis to work upon. We see, then, that all knowledge of the men in the old way is impossible under short service rules, that officers and men will be constantly changing in every rank and grade, that scheming and malingering have disappeared, and that the medical history sheet tells us each man's previous history.

23. That it formed a pleasant home for the medical officers of the service.

This is another statement which melts away on examination. It cannot be denied that under the regimental system several hundred army medical officers had a definite home in a regiment, but we cannot ignore the fact that in 1873 at least 300 officers of the department never by any possible chance could find any regiment to get into, as of late years the army medical staff not attached to regiments has largely been increased.

This is quite well known to all medical and military officers. I find that in 1844 there were fifty-nine staff assistant surgeons, in 1872 there were 228, besides a very large number of staff surgeons, and this number existed at a time when every regiment had its regular complement. Were these officers never to have any home? Or were they to wander over the world for ever? As I shall show further on, this very homelessness of the staff doctors tended very much to injure their *morale*.

24. It would be absurd to deny that throughout the entire army, in every rank and grade, the regimental tie has of late years become much weaker. Regiments were in the old days so isolated in far-detached colonies that the officers were forced *nolens volens* to live more for one another, and the feeling of regimental brotherhood had not received the shocks it has of late years sustained. In the infantry the double battalion system, the linking of regiments, the selection system, and in the artillery the absorption of the Indian artillery and the system of Indian service, have all tended to weaken the bond that in the old days tied regimental officers together. The withdrawal of regiments from lonely colonial quarters, the abolition of Canada, Australia, New Zealand, the Ionian Islands, the weakening of the West Indian and Cape garrisons, and the concentration of the army at home, have rendered officers very independent of the regimental tie as it was of old. In the old times, without steam, without railways, without overland routes, officers lived in their regiments from year's end to year's end without leaving them. To-day it is quite the reverse. Leave is easily gotten, and steam carries one everywhere.

The concentration of the army at home is most evident: Aldershot, Shorncliffe, the Curragh, the increase of the garrisons at Plymouth, Dover, Portsmouth, and the abolition of petty detachments, have brought regiments together in a way never known even twenty-five years ago. Regiments in the old days seldom met; to-day between big camps and autumn manœuvres they are almost always together. The old detached regimental organization, or attempt at organization, has given way to a real *army system*.

In India the transfer of the Company's troops to the Crown has brought the local artillery and infantry under English rules, and now it is rare to find any garrison consisting of a single regiment. In the old day it was quite the rule everywhere in the empire. All these changes have weakened the regimental bond, but developed an army feeling unknown before the Crimean time. Every military officer knows this, and no one can deny that regimental brotherhood is not what it used to be.

25. For the medical officers the tie that bound them to their regiments was of late years becoming every day less marked, and the average service of each officer with his regiment was, in 1873, not more than three years. The increase in the non-regimental medical staff and the concentration of regiments in large camps in England and Ireland, and the withdrawal of corps from detached positions in the colonies, have all tended to draw both regimental and staff medical officers together, and to weaken the old regimental ties which were for the doctors so essential in the old army days, but are now not only of little necessity but positive drawbacks. The idea of unification and modern medical corps organization for ourselves has been gradually developing itself amongst the officers of the department, and the memory of the disasters in the Crimea, the experience of recent European campaigns, the wakening up of the medical officer to study the question of foreign medical organization and the great organic changes in the English army organization, have all furthered this movement.

26. In addition to this the many drawbacks attendant on the regimental medical system from its social aspects, and the friction it often caused between the medical and military officers, and the marked tendency of the regimental system to depress us as a unit of the army, cannot be ignored. All these things have stimulated the desire so strongly developed amongst very many army doctors of drawing ourselves closer together on a thoroughly efficient working medical basis suitable to peace efficiency and war needs, and these views are now gradually spreading. When fully understood by the military officers, the medical officers, and the medical world in civil life, the aims of the unificationists must certainly find many sympathisers, as it appeals to the *esprit de corps* of the military officer and to the professional spirit of our brother-doctors in civil life, as will be shown further on.

27. Now in every garrison at home and abroad the officers of the Army Medical Department form a separate and distinct corps of themselves, as united and compact as the Royal Artillery, the Engineers, or any branch of the service.

They now serve under their own chiefs, work their own hospitals, wear their own uniform, and are perfectly free from any deadweight.

The regimental and the staff doctors have merged in a department, able, if it wishes, to develop a grand tradition and an unblemished name. One hundred and seventy years of regimental subdivision saw us in 1873 broken up, weak, inefficient, and devoid of unity or of *esprit de corps*. Let us see what a change will be apparent in 1883.

SECTION IV

DRAWBACKS OF THE REGIMENTAL SYSTEM

28. We now turn to consider the other aspect of the question, or the drawbacks and weak points of regimental medical organization. The medical corps of an army exists on two grounds—*1st*, that during war, when the safety of the State depends upon the efficiency of the army, there should be a thoroughly good hospital system, with officers, attendants, and appliances of every kind ready to assist the soldiers in their struggle with wounds and sickness; and *2ndly*, that during the longer eras of peace the best medical advice and the best medical appliances procurable should be available for the soldier, and that intelligent advisers should exist capable of guiding the military commanders on hygienic and sanitary questions affecting their health and physique. The regimental medical system of the English service abolished in 1873, in my opinion, failed on all these points, and this statement can easily and clearly be proved to all who impartially consider the question.

29. It failed, in the first instance, as a war organization, because it taught us all to trust to a system that could never be worked in the field, and would certainly paralyse all medical efficiency there; and it failed in the second by interfering with the union of the army hospitals at one centre in every station where, with first-class appliances, suitable books and instruments, and, far and away, above all, the advantages of learning our professional work from each other, it kept us divided in petty little hospitals, where it was impossible to learn from one another, where interchange of professional views was impossible, and where the knowledge of the senior officers was lost, or the want of experience in the younger ones uncorrected.

30. Sydney Herbert, Lord Herbert of Lea, was without doubt the man to whom the English soldier owes an immense debt of gratitude. Animated by the truest sympathy with the soldier, Sydney Herbert remodelled the medical service of the army, and remodelled in such a way as to do good to the soldier and also to the surgeon.

The only pity is that his lamented and premature death took place at a time when our army was still running in the old-fashioned groove, and before any of the recent organic changes in organization had been introduced.

Had he survived to see the present day, there is no doubt that his

views would have been thoroughly in accord with the unification ideas. When Sydney Herbert lived the old regimental organization of the army was in full swing. There was as yet no system whatever in our military arrangements. The great awakening in 1866 and the still further rousing of 1870 had not yet occurred. The army still consisted of a series of detached regiments wholly unconnected with each other or with reserves. The militia was undeveloped and the volunteers did not exist, and the only way of making England stronger when war threatened was to rush into the labour market and enlist 10,000 or 20,000 more raw recruits. Those primitive days have all passed away and now seem centuries distant from us. At last we have a military system which we, in truth, never had before, and the question of English army organization is now in everybody's mind. Then the question simply did not exist at all. In his day, too, our army was still, as we have pointed out, detached in far-scattered colonies, where regiments rusted their lives away and learned nothing whatever. Now we have few troops in the colonies, and the regiments are concentrated in England instead.

This, too, has involved a great change, and medical organization must keep pace with it. We shall tabulate in order the drawbacks of the regimental hospital system.

31 (A).—Change in our Military System Regiments no longer the unit of organization.—This being the keynote of the whole subject, it is necessary to constantly refer to it.

We pointed out that until 1870 and Lord Cardwell's administration the regiment was the basis of all army organisation. It was in those days a definite unit. There were 800 men in each regiment, and in peace and war it remained much the same, save only by the increased enlistments made when war was declared. To-day this is quite changed. The regiment is now a weak cadre or skeleton of officers and non-commissioned officers engaged in training the private soldier, who, when fully trained, passes into the reserve in civil life as a right after six years' service, but constantly after three years' service with the colours.

These reserve men, when war is imminent, will return to the colours, and with them will come the reservists from the militia battalions forming the militia reserves, and also the volunteers and drafted men from the linked battalions of the line. Let us take the 1st battalion 25th regiment as an example.

Say it is stationed at Aldershot, and war being imminent the order is given to mobilize. On the day the order is issued the regiment at home is 480 strong, consisting of the officers, the non-commissioned officers, and the young soldiers serving with the colours. Its brigade depôt is at York; its linked militia battalions are the 2nd and 5th West York militia; its reservists belong to the same Yorkshire district.

32. At once on the order to mobilize being received the regimental reserve in civil life hasten into York to the depôt, and are armed and clothed to the number of 400 men.

The depôt of the regiment permanently located in York furnishes 100 more men, being the young depôt soldiers of the 2nd battalion then abroad. The two associated battalions of militia are called out,

and the militia reserve from each 70 strong, or a total of 150, join the reservists and the dépôt contingent in York. The whole, to the number of 650 strong, are put into the train, armed, clothed, and equipped, and arrive in Aldershot five days after the order to mobilize issued.

At Aldershot they join the regiment and are told off to the companies. As there is no hutting room, tents are drawn from the army store dépôt, and they are sheltered. The commissariat, warned of their arrival, issue 1100 rations instead of 480, and all goes well.

33. But how about the hospital? Let us imagine it under the regimental system. The 480 men who formed the original regimental strength having only an average of about 30 sick, needed only two medical officers at most to look after them, and with them is a hospital sergeant and four or five orderlies—a staff based on 480 strength. The medicines, supplies, the bedding, all the equipment, the very building itself, is based on, say, 500 strength, but the new arrivals have made it 1100 strong. What is to be done? At once confusion would begin. The medical officers would be too few, the sergeant would be overwhelmed, and the orderlies simply overborne by the increased sick, which rose at once from thirty on the day the order was issued to mobilize, to eighty after the 650 men had been under canvas for a week. What is to be done? Apply to the principal medical officer of the camp? But, as we are imagining, the regimental system is at work; he has little, in fact no power. It is true the 36th regiment is close by the 25th, and the 47th is also near, and the 58th is not a quarter of a mile away, and two artillery batteries are within easy distance. Each of these separate regiments has two medical officers, one hospital sergeant, five orderlies, bedding, medicines, and equipment quite idle. They are not mobilized, having just come from foreign service, and their medical staff are really quite idle, with perhaps twenty or thirty sick in each separate little hospital, each hospital having twenty spare beds in it. The principal medical officer is powerless to act; he cannot send one man of the eighty sick of the 25th into any other hospital, nor can he move an orderly, a sergeant, a medical officer, or a splint or mattress, or a pillow, from one of the hospitals to the 25th. The 28th hospital is disorganized, men are neglected, improperly nursed, and all goes wrong.

34. By stress of applying to the general commanding, the principal medical officer gets two medical officers detached to assist the 25th doctors. One comes from the 36th and one from the 47th regiment. But not an orderly, a sergeant, or any supplies can be made available.

The 36th doctor is shortly after recalled to march away with his own corps, and perfect confusion remains.

Men die, the general finds fault, the press take it up, England is excited, and who is blamed? The medical department and the principal medical officer.

It is needless to say that he is wholly blameless. It is the system and not he that was wrong.

35. Thus we see that owing to the changes in our military organization, the abolition of the long service system, and the making the brigade the unit of organization, the system of regimental hospitals became an anomaly and eventually disappeared.

36. (B).—**Indifferent peace hospitals.**—Under the regimental hospital system it was necessary in every garrison to have a separate hospital for every individual regiment, battalion, battery, or detachment, even if the regiments were, as in many existing garrisons, six, eight, or even ten in number. We had then in every garrison a great number of petty, roughly-furnished, poorly-equipped hospitals, devoid of those modern improvements and arrangements found in every good civil hospital, and which in the end mean comfort and efficiency.

Thus special eye wards, infectious disease wards, detached wards for special cases, were rarely, if ever, seen, because it was impossible, in a number of petty little hospitals, to provide such wards for every odd case that would occur in a single battalion or battery. No nation could afford to build six or eight perfect little hospitals in each garrison. To do so would be quite ruinous. How often have we not seen within a few hundred yards of one another two military hospitals, each with its separate dispensary and store of drugs, instruments, and its petty wards, where it was impossible to isolate cases requiring special treatment.

37. Doubtless what we want, and what unification claims, is to build in each garrison one central hospital complete in every way,—with eye wards, detached wards, lunatic wards, prisoners' wards, lying-in wards, children's wards; in fact, everything needed in a really good hospital.

There let the sick soldier be treated with every aid art can give him.

In the field things must be rough; they need not be so in garrison; there the sick soldier should have every comfort. Such hospitals could not be regimental, as one would have each regimental commanding officer interfering in various ways. They must be garrison hospitals under the officer commanding the garrison and the principal medical officer of the station. They two can arrange for the location of the sick and the uniform working of the hospital—a thing quite impossible if six or eight regimental commanding officers, all of equal authority, were struggling for supremacy there.

38. We have now as a department the charge of the army hospitals, they are altogether in our hands, and we can make them the most perfect in the world. Heretofore with a series of petty hospitals—mere cottage hospital adjuncts to every petty regiment or battalion—we never had in a garrison an institution fit to point to as a model English military garrison hospital, or fit to train a medical officer to the large requirements of an army in the field, or even of a large city civil hospital.

39. (C).—**Absence of libraries, chemical laboratories, and expensive instruments.**—To-day to carry out one's professional work thoroughly books are necessary; scientific magazines and professional journals are necessary; chemical laboratories are necessary; microscopes, laryngoscopes, aspirators, galvanic batteries, and a quantity of expensive instruments, are necessary. While divided into petty regimental groups of medical officers serving by twos or threes in wholly distinct little hospitals in the same garrison, it was impossible for these essentials to be collected, or if collected, they would be a great cost to the State, and by dragging them about from place to place with a

marehing battalion they got smashed and injured. Consequently in very many cases the instruments did not exist, no microscopes were to be found in a whole garrison, no libraries or books of reference, and, as a consequence we lost the benefit such books could give us. Civil doctors have all these aids. They do not knock about the world as we do, and we cannot carry these things with us. What we need are gradually-formed libraries of reference, book clubs, and good instruments collected in the central garrison hospitals all over the world, and available for the use of all. In Peshawar or Halifax we would there find the instruments or the books we wanted, and not be, as we now are, destitute of these aids to professional efficiency.

40. The absence of books has been of great injury to us as a professional body. Heretofore there was no centre in a garrison, where all medical officers could collect any, and they did not in consequence exist. A regimental hospital used to drag all its equipment, instruments, and records with it from garrison to garrison. Now these instruments and the equipment will remain permanently in each central garrison hospital, and books and such like aids and good instruments will be collected there to our certain advantage.

41. (D).—**Impossibility of obtaining skilled nurses and attendants.**
—Under the regimental system it was impossible to obtain skilled nurses and attendants. The only post for a non-commissioned officer in a regimental hospital was that of hospital sergeant, of which there was but one in every corps. If he became smart and intelligent, he might any day be transferred to company duty because in the hospital he had no prospect of reaching the higher post of sergeant-major, or quartermaster-sergeant, or of getting a commission as quartermaster or as ensign. The orderlies in a regiment were constantly unrepresentable men, who spoiled the appearance of the ranks and were hidden away as hospital nurses. If an orderly turned out intelligent and trustworthy, there was no possible way of getting him made even a corporal, so that any smart young man soon saw that to remain a hospital orderly was to sacrifice every prospect of regimental advancement. As a rule, they were ignorant, untrained men taken haphazard from the ranks. Nursing needs training nowadays. A private soldier taken from the ranks at random is about as useful in a hospital as a raw recruit is on a barrack square, but training and teaching can do wonders with men. Under the regimental system, if a regiment became sickly, or attacked with any epidemic disease, there were no orderlies available, and none could be applied for from other corps, as each regiment kept a definite number always by it. If there were few sick they were quite idle; if there was a high sick-rate they were worn out with fatigue. The true system is, in no doubt, the present army hospital corps one. We have a specially trained corps, specially employed in the hospitals, and specially promoted to corporal, sergeant, or commissioned ranks in the hospital corps if really efficient. If one garrison is perfectly healthy and another is sickly they can be moved at once to the sick station. There will not be in any garrison whole groups of orderlies lying idle, while a few hundred yards away other hospital staffs are burdened with work. However sick the 25th were in the old days, the 26th,

27th, 28th, all close by, gave no help, nor could these hospital orderlies be transferred for duty in the sickly corps.

By the old arrangement the State lost in every way. To-day every man in the hospital corps can be utilised wherever he is wanted.

42. (E).—Expense of the regimental system.—If the old system was inefficient it might perhaps have been thought to have been cheap. It was quite the reverse; whether as regards medical officers, orderlies, and medicines, or equipments, it was very expensive indeed. It was necessary to keep with each corps at all times a staff of officials sufficiently numerous to meet any ordinary extra demand, and these officials went with the corps everywhere. It constantly happened that in the same garrison regiments varied in sick-rate very much. Take Portsmouth: say one corps has just arrived from India and was full of sickly soldiers, the other six battalions were very healthy indeed, yet all of them had the same detail of two medical officers. Thus five hospital staffs were perhaps quite unemployed, the sixth was never at leisure. England kept paying for some medical men who perhaps had very little to do, and however anxious the medical officers were for work, each officer was compelled to limit his duty to his own little regimental hospital.

43. In India the same system went on. Peshawar is an unhealthy station. Bareilly is very healthy. In the former the sick have been 250 in a single regiment; in Bareilly 50 is a full number, yet in both stations the regimental staff for work was the same, because the rule must be followed. Compare Meean Meer and Rawal Pindi, Chukrata and Morar, Secunderabad and Bangalore, Poonah and Nusseerabad; in each of these cases there was a marked dissimilarity in the sick-rates, yet the same strength of staff was detailed to treat them. Under the new system this cannot occur. If Meean Meer is unhealthy, let the medical staff be numerous and concentrated there. If Chukrata is healthy, reduce the staff to suit the place. In this way all goes well, economy is promoted, efficiency is developed, and every official is happier. As regards drugs, instruments, equipment, in all these needs the old system was expensive and injurious, the new economical and efficient.

44. (F).—Utter failure in war time.—If the regimental system was expensive in peace and injurious to professional efficiency, in war time it was simply unworkable.

The medical department under such a system was perfectly paralysed. It tied the hands and feet of the directing medical officers of the army, and then blamed them for not walking and working. Every regiment that embarked for the Crimea, or that in 1871 would have embarked for any continental war, would have had its medical staff of three doctors, a sergeant and some orderlies, and its little regimental hospital with its little share of transport and equipment, all marching with the regiment. Fancy an army corps so organised with perhaps 30 battalions of infantry, 6 regiments of cavalry, and 10 batteries of artillery, each of them with its little hospital. In all 46 separate hospitals, each, say, with over two medical officers, or, say, 100 surgeons, 46 hospital sergeants, and some few hundred of regimental orderlies. Let us imagine all these separate hospitals marching in the

rear of the columns, each perfectly independent of every one save the regimental commanding officer, each hospital staff in separate regimental uniform, whether infantry, hussar, highlander, gunner, or sapper, &c. Imagine then the army corps forming into order of battle and attacking such a position as the Alma Hills. Ten battalions, two cavalry corps, and four batteries, alone come under fire, and they alone are full of wounded. The medical staff of the regiments under fire are at work night and day, and still men die unattended. In the meantime three fourths of the doctors are quite idle because their regiments have not been under fire, yet no one can move them to the assistance of the worn-out doctors of the wounded corps. The principal medical officers are in despair: but what can be done? Yet this was the system at the Alma, and it might have been the system still were unification not introduced.

45. It left the medical department a sham, and paralysed all efficiency. It seems impossible to believe such a system can find supporters. Not a single military writer of any character whatever supports such a system. It was simply courting ruin to carry it out. The lesson of the Crimea we have never forgotten. It was there in the tents of that devoted army that the thinking medical officers of the service first raised the question of unification; and to-day, after twenty years of patient waiting, it is an accomplished fact.

46. Wolseley, in his 'Soldiers' Hand-book,' says, at page 55: "Our present system of regimental hospitals is unsuited for a large army, it is very expensive and too cumbrous for rapid and constant moving." Again, at page 59: "It would be absurd to attempt such a system (regimental conveyance of sick) with a large army in the field."

47. Sidney Herbert's Commission considered that regimental hospitals are unsuited for field service, as they are "unable to adapt themselves to the requirements of an army in the field."

48. Sir Henry Storks, speaking before the short service system, considered the regimental hospital system "essentially a peace organisation."

49. Surgeon-General Mouat, writing of the New Zealand campaign, considered it a wholly inapplicable system in the field.

50. During the American campaign of the rebellion the hospitals were all worked as an army department.

In Germany, where the medical service is thoroughly efficient and in many ways to be copied, they long ago abandoned the system of regimental hospitals and now have the most perfect departmental system in Europe, wholly apart from any regimental organisation. Italy has made the same change.

51. Russia, which has made great strides in organisation, has done the same thing and made her service wholly departmental; and France is doing the same.

52. The truth is, regimental hospitals have nowadays not one single argument in their favour, and the moment the subject is inquired into, the fact becomes quite evident.

By having a separate medical corps organisation wholly under the principal medical officer and the general officers commanding, a system of war hospital can be devised, perfect in every way, complete

in every way, and as easily movable and detachable as a battery of artillery.

The garrison hospital in peace and the divisional hospitals in war worked by the army medical corps quite as an army organisation is the true principle for us to carry out, and this will be further treated of under the unification section.

Any other system was frightfully expensive, injurious to professional efficiency, hopelessly unfitted for war service, depressing to the medical officers socially, and quite at variance with the organisation of a short service and territorially organised army such as ours now is.

53. (G).—Prevented all training in administration of hospitals.—Under the regimental system the medical department was quite untrained in administration. While in a petty regimental hospital the medical officer was not required to deal with any large medical question, of sanitation or administration, nor to have any responsibility outside the walls of his little hospital. The commanding officer, the adjutant, and the quartermaster of the regiment did all the transport, discipline, and all other non-prescribing duties. The principal medical officers of divisions and districts at home and abroad had no control whatever over the hospitals or the medical officers of regiments. If a principal medical officer got ill, or went on leave, or retired, he was always succeeded by some surgeon-major of a regiment, who up to that day had never dealt with any larger question than those arising in his own little regimental hospital. There was no training such as a good central garrison hospital can give us all, and a man stepped at once from the charge of 30 or 40 sick to the direction of a division of the army, say 10,000 strong.

54. No wonder that such men so trained in the enervating regimental hospital system were at first, and for years, poor administrators, and that the department has always been weak in such points.

To-day this is all passing away. We have now in most garrisons central hospitals taking in all the garrison sick and giving them all good nursing and attention.

Besides the principal medical officers of divisions and districts we have "senior medical officers" in every garrison who are daily learning to deal with large questions affecting the several corps in garrison, and who are daily controlling numbers of medical officers, arranging for their duties, distributing the hospital corps, and gaining practice in administration, such as never would be gained before in petty regimental hospitals.

The power of individual commanding officers of regiments is relegated to its true province of dealing with the discipline and training of the private in the ranks, the medical department taking sole charge of the same man when ill without any regimental interference. In this way we are becoming efficient, and such we never could become in the old days of regimental subdivision.

The department is at last beginning to exist as a department of the army, and not as a mere petty adjunct to every battalion or battery.

Our feeble administration and organisation in the Crimean campaign, when the regimental system was supposed to be in working order, are

well-known facts, yet the Crimean campaign should have been a singularly easy one as far as administration is concerned, as we never marched 100 miles the whole time, and we really were enclosed in a small tract of land bounded on one side by Sebastopol, and on the other by the Russian field army and the sea.

55. (H).—Prevented all development of professional knowledge amongst the army medical officers.—Unless professional men, whether lawyers, doctors, soldiers, sailors, or what profession you choose, meet and discuss questions connected with their work, progress will never occur. Observe how in civil life the medical profession have their meetings to read papers on various questions and to have discussions and arguments. Consider what advantages arise from medical men meeting in their hospitals and learning from one and another. With us in the army under regimental system this invaluable meeting together was quite impossible. Each little hospital, however close by the other, was wholly independent, and a medical officer dare not enter another hospital unless at the request of the medical officer in charge. How often have we seen an artillery hospital not 100 yards away from the infantry hospital—the former perhaps in charge of a young officer just out from Netley, very ignorant perhaps of tropical disease and Indian routine, the other directed by an officer of long service and knowledge, yet powerless to interfere.

56. How often, too, have we seen a well-experienced officer in charge of a small battery hospital and close by a regimental hospital in charge of a junior, yet each wholly independent in every way of each other.

We can never be efficient and thoroughly professional unless we meet together, unless we can consult and advise with one another. We can never promote true professional *esprit de corps* unless we are drawn together in our hospitals, and that the young officers meet the older officers and learn of them, and the older ones meet the young and advise with them, and indeed perhaps learn from them too. We want to improve; we aim at efficiency; by concentration alone can it be achieved, and by such assistance we can develop ourselves far more than we could when scattered over a garrison isolated from one another, with little opportunity for professional discussion or consultation. Unification aims at this. Professional efficiency in peace, war efficiency in the field, and on no other basis can these aims be secured. Regimentalism means letting professional knowledge go to a low ebb in peace, and in war it means disaster in the field. Choose then between the two, for the choice must be made. There can be no compromise, nor any medium course.

57. (I).—The question of compromise.—It has been proposed that a compromise system should be introduced for working in the medical service of the army. It advocates in peace petty regimental hospitals worked on a regimental basis by regimental officers to be the rule, but when war is declared, at once, general hospitals to be organised and worked by the regimental officers concentrated together. It is needless to say such a system is quite out of the question. If an army had one system for peace and another wholly different for war, disaster is as certain as anything can be. Men must be trained in peace for war. That is the basis of war efficiency, and neglect of the rule was the

cause of our Crimean failures. To advance such a theory to-day is to organise disaster and to make ruin certain. Imagine the English army, with its medical system worked regimentally, suddenly embarking for Antwerp. It left England with a regimental system, it disembarks with a sham departmental system.

58. That is to say, a crowd of regimental officers never trained in large hospitals, but taken from petty battery and regimental hospitals, are suddenly massed in large general hospitals, or put to work divisional field hospitals in a campaign. As in peace the regimental commanding officer and the regimental quartermaster did all the discipline and transport work; the regimental doctors know nothing of it; not one of them even saw a large army hospital worked. The senior medical officer perhaps comes from a battery of artillery and now takes charge of a division of an army and a set of army hospitals for 800 sick.

A crowd of medical officers each differently dressed, a crowd of hospital sergeants drawn from every corps, and a mass of orderlies without cohesion, without *esprit de corps*, grumbling to get back to their regiments, impatient of all discipline and control by officers and sergeants they never heard of or saw before. Transport brought from various quarters. A field hospital mobilised at a week's notice. No hospital corps. No fixed routine of work. Regimental commanding officers clamouring for their doctors and withdrawing them when most wanted! Doctors struggling to get away to their regiments, no co-ordination nor departmental *esprit de corps*, and directing all a principal medical officer whose duty in peace time is to inspect diet rolls and prescription books, and we have all the elements of disaster ready at hand.

Such a system of compromise is impossible.

59. In the army we know of no compromise. Everything is laid down by rule. A system exists, or it does not exist, and it can never be taught by any soldier or any army doctor that it is possible on the eve of a campaign to change an existing army system.

60. Try it in a battalion; try it in a battery of artillery. Subdivide a battery of artillery in peace into single guns and attach them for discipline and order to each regiment or battalion.

Let the regimental commanding officer arrange all questions of discipline administration and transport, and let the artillery wear the uniform of the regiments to which they are attached. Then, when war comes, draw them together, group them in batteries, and what will be the result? Certain disaster from want of cohesion and *esprit de corps* and practice together in peace. These results are certain, and no one can deny them. It cannot be too often repeated that in any army the only real basis of efficient working is to make the peace routine so like the war routine that a soldier cannot distinguish one from another. The more this is aimed at and carried out, as it has been done in Germany, the nearer is efficiency, and the more variation that is allowed to be developed between peace customs and war requirements in any army, by so much the more is disaster organised and ruin made certain.

61. Sooner than have any compromise system it would be better to stand by the old regimental system than on the eve of a campaign to

change every arrangement. The old proverb about the danger of swapping horses in a ford holds good here.

62. (J).—Prevented all station tradition of disease.—Under the regimental system if a regiment marched into a foreign station it brought with it its own three doctors.

They might have experience of the new place; very often they had not. Numerous mistakes have taken place in this way from ignorance of local diseases and absence of local knowledge in sanitation and hygienic precautions.

Now under the new system, the garrison medical staff being permanent, regiments will come and go, and the army medical officers will remain and carry on the knowledge gained locally from one medical officer to another. In this way many mistakes will be avoided.

63. (K).—The regimental system ruined true "*esprit de corps*" amongst the medical officers.—In the old army days before the Crimean war the regimental system was excellent for medical officers. Regiments were hidden away by themselves for years in outlandish colonial stations where no two regiments ever met. In such days all the army medical officers were regimental officers, and practically no medical staff existed.

Now, under the altered conditions of army life, the concentration at home, the abolition of colonial garrisons, and the great increase of staff doctors who never could find any regiment to get into, it is quite out of date.

Instead of the Army Medical Department being, as it ought to have been, an army corps thoroughly imbued with *esprit de corps*, high professional and army feelings, and full of its glorious traditions, it was divided and split up into two main sections. On the one side were the regimental doctors, the lucky men who got into regiments, escaped all the drudgery of the army life, had comfortable messes, and were never moved about the country. On the other side were the staff doctors, 300 strong, a body of officers whose unhappy position it was impossible to describe in terms too strong. If the regimental system gave a home to half the army doctors, it threw the other half hopelessly on the world.

64. The condition of the medical staff officers, 300 of whom, through no fault of their own, could never get into regiments of late years, was most painful and objectionable under that system. I do not know any body of officers in Her Majesty's Army who suffered as they did. They were perfectly friendless and homeless; they were the drudges of the department; they were literally never at rest. Every move of troops, every outbreak of disease, every possible unpleasantness in army life weighed down the old staff assistant surgeon.

His life in India was the joke of the service in every mess. Literally no man cared for them. They flitted from station to station, and from cholera camp to cholera camp in a surprising way.

They had no homes, no messes, no circle of friends. Their nameless graves are scattered over the land in no small number. That they were deficient in discipline and often injured in their *morale* was no fault of theirs it is easily explained.

65. It rose from the division of the department into two sections of

regimental and staff officers. The former once gazetted to a corps could not be moved from their corps for any detached duty, or if they were their colonels immediately worked on the military authorities to get them back.

The principal medical officers had no authority over them, and, as a consequence, the staff doctors whom they could move came in for a continual round of moves and unpleasant duties. When a staff doctor was attached to a corps he was often given the least inviting duties to do, and this itself drew down official rebuke from the higher medical authorities.

66. However senior a staff doctor was in the army, in any regiment he was attached to he was junior to the young boy fresh from Netley, if that boy had a regimental commission. This alone was a most depressing rule. The staff doctors themselves were the doctors left after every regimental commanding officer had picked out from the medical staff the doctors he liked and got commissioned in his regiment, and a further sorting was made by many of them themselves getting into the regiments they liked. In this way the army medical staff contained some men who needed very much the guidance and companionship of their brother-officers to teach them the army customs and traditions, and that companionship they never had. Their lives were spent on the march, on boardship, in epidemics, in every place but in a comfortable home. With the regimental people it is quite the reverse. Often by no special good quality a man got a regiment and was at once removed from the drudgery of the staff. This system ruined the prestige of the army medical staff. Every young medical officer tried to get out of it, struggled to get into a regiment, and, wearing its uniform and safe under its protection, cared little for principal medical officers for ever afterwards.

It was this hard life of the staff doctor that ruined the prestige of the Army Medical Department. Every one thought that when unification was brought in it would bring us all to the same level as the old staff doctor. This is far from being the case. Now the garrison staff of doctors are a permanent body rarely moved. If one regiment is sickly in a garrison, and another healthy, a staff doctor is not wanting to be sent to the place, because the doctors have all equal work and share alike.

In former times the doctors of the healthy corps in the same garrison remained idle, and a staff doctor came from afar to assist the sickly regiment.

For movements of corps and such like, the moves are now spread over the whole staff, and as each man takes a share and returns to his station when it is over, a trip in a year is about the number a man has to make. There is now no class in the Army Medical Department specially told off for unpleasant duties.

The unpleasant duties have almost disappeared. We are now freed from mess and band subscriptions to regiments, and in the large garrisons messes of the army medical staff can soon be established. We are rapidly gaining a position we never had before, and as each man remains for a long time in each garrison and makes friends, he is no longer the wanderer as the old staff doctor often was. The depart-

ment is developing the grand tradition of duty done in the old day, and we are existing as an army department that will soon stand high in the service, and daily increase in influence, professional knowledge, and efficiency in the field. Divided in regiments, we gave to them our *esprit de corps* and our strong attachments, forgetting that our department should be dearer than all in our eyes, and that its tradition is our best boast and truest standpoint to work from. Working from that basis we can devote our energy to the comfort and happiness of the sick soldier, and can give to the department the devotion and attachment so often given to our old regiments. We have a department to live for, and that we never had before.

We too often forgot in the old days that a department did exist, and divided by two and three amongst different regiments all departmental *esprit de corps* was at a low ebb. To-day it is different. We are drawn close together, and a feeling of comradeship and brotherhood is developing little felt before. Under the unification system we can be more useful to the soldier, be more perfect doctors, carry on field duties more completely, and be in every way more efficient than under the old system now disappeared. An organisation such as we now have gives us a fair field to work in, and unties our hand to do this work.

67. Again, regimental sympathisers seem to forget that by the old system the staff doctors of the army often would have been the responsible officers for working the base general hospitals in the field.

That is to say, after every officer of any smartness was safely billeted in a regiment and free from his medical director's interference, the remainder left would do to work the great hospitals at the base of operations.

What order and what efficiency could have been effected under such a system? The officer who all through his service had never been disciplined, and had done little save the drudgery of the department, and who had always been junior of his rank in a regimental hospital, suddenly appeared as a director of a general hospital!!

68. (L).—Minor drawbacks of the regimental system.—No one with any idea of organisation in an army but must agree that it is essential to efficiency and order that in the field or in quarters an officer or soldier should be recognised at once by his uniform. Let us imagine artillery men or engineers all wearing the uniform of the various infantry battalions in any army, and then ask a private soldier to identify the gunner or the sapper. Such was the rule with us under regimental organisation. We had a crowd of varying uniforms in the department. Few officers could identify the medical officers from the others in full dress; and in undress it was wholly impossible. Some proofs may be useful. We begin with the cavalry. In full dress uniform the cocked hat distinguished the surgeons, and many corps ignored the ugly black cross belt and permitted the doctors to wear the regiment gold belts. But in undress it was perfectly impossible to distinguish any medical officer from any other officer. They wore the same dress in every particular. In the old times in the hussar corps the only distinction was the black cap lines of the busbies, and few people in the army even noticed this distinction. In the

horse artillery the dress was quite the same in full dress, except that the busby plume was black and the cross belt was departmental. In undress uniform the artillery doctors were in no possible way distinguishable from the other regimental officers, as they all wore the same sword belts.

I have myself seen the royal engineer doctors in former years wear the embroidered engineer cross belt, and it was quite impossible to tell them from the other officers. In highland regiments it was also quite impossible, as all alike wore the feather bonnet, and the plaid hid any departmental belt worn. In the rifle battalions the only distinction was the absence of a pom-pom in the shako.

In undress uniform throughout the service a medical officer was undistinguishable. This may seem a small thing. It is quite the reverse. Try and consolidate a war hospital, with officers, sergeants, and orderlies, all differently dressed in a dozen varying uniforms, place them in the field for assistance to the wounded, and who can recognise them? Few soldiers could distinguish them, and few officers either. The true principle is to have one definite uniform for the medical corps of an army, whether officers, sergeants, or orderlies, and let it be easily distinguishable, and never varying. In this way all the army know it and no errors arise. Such a uniform may be perfectly distinctive, at the same time it need not be ugly.

Esprit de corps is sustained and developed even by such petty things as the pattern of a man's uniform, and we want perfect distinctiveness without ugliness—a result not difficult of attainment.

69. (M).—Unequal foreign service and irregular tours of duty.—The medical department under the old regimental system was in a state of extraordinary chaos as regards the roster for foreign and home service.

Owing to one half of the doctors being commissioned in corps and battalions, and the other being staff doctors, no uniformity existed. Some regiments never go abroad. Their medical officers were always in England. Some corps, such as the engineers and army service corps, never serve in India, hence their doctors escaped India. In India battalions of infantry remained twelve years, and the doctors had to remain out all that time without a chance of a change, while the staff doctors went home every five years. I have seen medical officers often out for ten and twelve years without a chance of getting home. In Ceylon the staff doctors serve three years and then go home. Regiments serve ten and twelve years. At home some staff doctors might remain two years; others who knew how to exchange and arrange matters were left in England. Unless an officer in the English army serves abroad in his earlier years he is quite unqualified for promotion.

He can never grasp the varying questions of hygiene and sanitation or disease that daily arises in a wide-scattered army like ours, unless he has such experience.

Yet in a seniority corps such men, ignorant of foreign routine, eventually became senior in the department, and perhaps claimed promotion.

To such promotion they had but faint claims, and even if promoted

could be rarely efficient. Now we have a fair and uniform rest and a uniform tour of service for all. We are all benefited by it in a great degree.

70. Nothing need be said here of the friction that was often developed between the medical and other officers of regiments under the old system. That such friction did exist is undeniable, and the military and medical press teems with complaints on this head. By the new system these causes of complaints are reduced to a minimum, and a happier era is dawning for all of us.

In losing our regimental ties we gain an *esprit d'armée* never felt before, and our department for the first time stands forward on its own proper basis, not as in the past trusting to regimental support for existence.

Such a system ruined our professional feeling, and developed a false spirit of regimental *esprit de corps* that tended nothing to our improvement as doctors in any way, and however we may have gained *personal* esteem or regard for our services, no credit was ever given to the department.

This was the drawback of the old system. Every good service done by us was credited to the regiment we served with; every *faux pas* was set down to the fault of the long-suffering department.

But such a state of things cannot recur again. Now if we fail, we fail as a department; if we do good work, credit goes to our department.

SECTION V

THE UNIFICATION SYSTEM

71. We now turn to discuss the unification or departmental or non-regimental system of army medical organization.

Under this system the custom of having the hospitals of the army permanently divided into a crowd of petty regimental ones, mere adjuncts to regiments and battalions, will cease. The commissioning of the medical officers specially in separate regiments will be changed to commissioning of them in the Army Medical Department. The sick in peace will be treated in central garrison hospitals wholly under medical administration, where a definite garrison staff of medical officers will take charge of them. In war time field and general hospitals, each perfectly complete, self-contained, as definite as a battery of artillery, independent of regiments in every way, and directed in their movements by the principal medical officers under the authority of the general commanding the army, will supplant the regimental system.

This plan of organisation which is now the rule in every army worth copying, and which contains efficiency and economy in peace with

thorough fitness for army service in war, is now being developed in our army, and its advantages may be tabulated in order.

72. (A).—Localised responsibility in the medical department.—We have pointed out the waste of medical aid and equipment that constantly existed under the regimental hospital system of administration by the medical officers and the hospitals themselves being divided into petty regimental subdivisions, each immovably attached to single battalions and regiments, and perfectly unavailable either in peace or in the field for any army duty outside their own petty regimental limits.

All this waste of men and material will now cease.

Under the commanding general the principal medical officer of each district in peace, and of each division or army corps in war, will now have entire power of disposition over every medical officer, orderly, and every hospital in that district, division, or army corps. In garrisons at home and abroad a fixed garrison staff of medical officers, forming a definite body of officers organised in every way, will carry on all medical duties there under the immediate direction of their own senior officer, presided over by the district principal medical officer and the general in command.

73. The senior medical officer in each garrison will be responsible in every way for the entire medical duties of that garrison. Under him the medical staff will treat the garrison sick in central army hospitals, over which he will have complete power of adjusting work, arranging orderly duty, and in fact directing every detail.

A medical officer will be detailed to each battalion or section of a camp in peace, and in war to each battalion or regiment, to send the sick of his battalion or camp to the central garrison hospital in peace, or the divisional field hospital in war. Once admitted there, the medical service will be responsible for the patient.

The medical officer will likewise treat such sick officers as may need his services under the instructions of the senior medical officer, but in the field such cases would likewise be treated in the divisional field or the stationary army hospitals.

A staff of medical officers will be detailed for the garrison female hospital, likewise a completely organised central institution, and thither all sick women and children of the garrison will be sent for treatment.

An officer of the medical staff of each garrison will be detailed by the senior medical officer to supervise the sanitary condition of the entire garrison, and in the field of the brigade or division as a whole. By due division of labour all the medical staff of any garrison will be equalised in their duties, the services of every officer and man will be made use of in a way impossible under the old system. If a garrison is healthy, the staff can be small; if it is sickly, the staff can be large in proportion.

74. The senior medical officer being responsible for all the corps in garrison, will be taught to deal with army medical questions and administration as a whole, and not as formerly as concerning his own little battery or battalion merely. The service will gain by having an officer of experience guiding everything.

A hospital corps of orderlies, sergeants, and officers, specially detailed for hospital service and it alone, will conduct all nursing and routine hospital duties in camp or garrison under the orders of the principal medical officer.

The instruments, drugs, and equipments, will be under the control of the same officer, who can dispose of them as most convenient for the good of the service.

The garrison sick will be all treated in one central place, and our opportunities of learning our profession and of developing our professional efficiency will be greatly increased in consequence.

75. In war time perfectly movable field hospitals, as completely and independently organized as a battery of artillery, with a fixed definite staff, and copies in every way of garrison hospitals in peace, will be attached in certain proportion to each division or army corps. Their medical and nursing staff will be especially trained, be wholly under the principal medical officer of the force, and the hospitals and the staff can be concentrated with a sickly division, or at the point of attack in battle, as easily as so many batteries of artillery can be concentrated. If one division be full of wounded and other divisions have none, the field hospitals, with staff of doctors and nurses complete, can be marched to the sickly or wounded division as easily as any battery of artillery is now transferred. If a part of a division halts, one of the field hospitals may halt with it. If a field hospital be full and cannot be evacuated it can halt by itself. If a division subdivides for any special service, one of the three field hospitals, or two or all three, if necessary, can move with it. If even a single detachment move away the field hospital can subdivide and again subdivide without any single part losing its mobility and efficiency, and on again joining the head-quarters of its division or army corps it resumes its place with the field hospital, as in a regiment any company resumes its place in its battalion.

76. By this facility of ready subdivision and perfect mobility every varying strength of the force detached from the army can be supplied with a proportionate hospital complete in every detail, and the medical service secures an efficient and independent organization, enabling it to concentrate or to divide its services to the wounded or the sick of the army in a way impossible under the old system.

It can combine into a divisional hospital, or separate into a regimental section with equal ease.

We cannot again see the absurd sight of a crowd of regimental hospitals with their doctors, orderlies, and equipment lying unemployed and unavailable, while a few hundred yards away other regimental hospitals were crowded with sick and the staff overpowered with work. Perfectly organized hospitals, complete patterns of medical efficiency with definite staff and equipment, can now be easily concentrated at any place or in any position.

77. A hospital corps exists, trained under medical direction to remove the wounded from the field, to organize dressing places for them, and afterwards to hand them over to the field hospitals.

The field hospitals moving with the army, or, if necessary, able on special occasions to halt independently of it, eventually transmit all

suitable cases to the more stationary hospitals in the rear ; but whatever is done, is done by the medical service as a department. We know who is responsible, and what our wants will probably be.

78. Think what a comfort it would have been to all, and what a different aspect the Crimean campaign might have assumed, if, after the Alma, the army, freed from all responsibility about its wounded by being able to halt four or six field hospitals for even a few days at the riverside, could have hastened on in pursuit of the disorganised foe.

But it was impossible. Trusting to regimental organization and imagining that the regimental system, of an army in every department was sufficient in every way for field service, there was no organization able to detain a suitable medical staff to carry on the work ; and as all the regimental hospitals, the majority of them quite empty, had to march away with their corps, we saw in consequence two extraordinary sights, one of a whole army detained by a really paltry number of wounded men, the other that of a single medical officer (Thomson, 44th Foot) with his soldier servant left as a sufficient medical aid for 400 Russian wounded. Think what a comfort it would have been if we had had a medical department organization, or any attempt at an organized medical corps, to carry out the dressing and the embarkation of the wounded there.

79. To-day all this is changed. Now the Army Medical Department has a system. It has now become a corps of the army in the same way that the engineers gradually became a corps, and the artillery developed into a distinct branch of the army.

In old times last century the artillery of the army was kept divided into groups of two guns attached to each single battalion or regiment. That system fatal to all artillery improvement terminated long years ago in the battery system by which the guns and the gunners were no longer scattered by couples through a crowd of regiments, but were concentrated under their own officers in batteries and divisions. Efficiency as gunners and *esprit de corps* and pride in their service as artillerymen have been developed by such a system, and unification will do the same for the medical service. It means withdrawing each petty hospital from each battalion and concentrating them under their own officers in army hospitals completely and independently organised.

It means a professional efficiency being developed impossible before, and this is a great point gained.

80. (B).—Efficiency in peace is also secured by organising first-class central garrison hospitals under medical direction in each station. In these hospitals ample arrangements can be made for all wants. Special wards, ophthalmic wards, infectious diseases and lunatic wards, with operating theatres, and special arrangements of every kind can be prepared. Say that in the old days scarlet fever broke out in a garrison and cases occurred in each battalion. Every regimental hospital became tainted. To-day we can have special infectious wards for a garrison. In like manner special eye wards can be arranged. Similarly female hospitals with lying-in wards and children's wards can be organised, and much comfort given to every one in consequence.

81. (C).—**Mobility and readiness in war.**—By freeing the hospitals from their paralysing regimental attachments, and arranging them on a divisional or army corps basis, each hospital being free, mobile, perfectly self-contained, having all its wants provided for inside itself, and as readily movable as a field battery, the hospitals on receiving an order can concentrate at any particular place; whether it be an unhealthy part of the country, the probable place of attack, or anywhere that special medical aid is needed. The general in command informs the principal medical officer—"The enemy are in great force on the banks of the Alma. The field hospitals should concentrate near the village of Bourliouk." At once all the hospitals from the army corps can, if necessary, be moved there. Under regimental organisation this was impossible. Unless the regiment was specially moved no hospital could be moved, so that three fourths of the doctors, orderlies, and *matériel* were wasted, while others were overborne with work. Again—"The 11th hussars will make a reconnoissance towards Eupatoria." Order for hospital—"The 2nd field hospital cavalry division will detach its No. 1 subdivision for service with the 11th hussars during the approaching reconnoissance." Again—"The army will advance to-morrow by way of Mackenzie's farm towards Sebastopol." Medical order—"The reserve field hospitals' 2nd army corps will halt on the Alma until all the wounded are embarked. The Russian wounded will likewise be attended to. On the termination of these duties the field hospitals will join their original divisions." Nothing is simpler and easier than this, provided we are trained to it, but fancy it under the old system. The regiments marched away, with them all the hospitals moved off.

82.—(D).—**It establishes a uniform system for the medical service in peace and in war.**—No change will now occur when war is imminent. The army hospitals will at all times and in all places be worked in exactly the same way. We can measure in peace the requirements of war, arrange for them, and guard against disaster. Under the old system this was impossible. We had one peace system and one war system. Now we can have field hospitals organised and marched about at Aldershot or the Curragh, and a thorough training given to all concerned.

83. (E).—**It is economical.**—By preventing the waste of officers, orderlies, and equipment, in unemployed regimental hospitals, either in the field or in quarters, it guards against loss. By utilising instruments, microscopes, drugs, and special wards, it aids economy.

By lighting, warming, washing, and cooking being done in one place, it prevents waste. In the field it saves transport and hospital equipment being wasted in small regimental hospital establishments.

84. (F).—**Good nursing.**—By giving us a body of nurses, the army hospital corps, cooks, compounders, and sick bearers, specially trained and permanently serving in the hospitals, we obtain great assistance in the field or in garrison.

This was impossible under the old arrangements, as the orderlies were ignorant, and no promotion rewarded the careful and intelligent. Now we have all this foreseen. We have a corps of men trained to carry the wounded, trained to act as sanitary detachments, and they

are men whose whole hopes of promotion depend on doing good work in the hospitals.

85. (G).—**Sufficient garrison staff.**—It enables us to increase or to limit our garrison medical staff in accordance with the necessities of the place, and does not tie us down to a fixed number as the old system did—the same in healthy as in unhealthy places. It guards against the waste of men in the one case, or the overwork of them in the other.

86. (H).—**Develops “*esprit de corps*” and professional efficiency.**—By withdrawing us from the subordinate position in regiments, where our professional *esprit de corps* was injured, and our position as a unit in the army departments quite kept out of sight, it enables us to stand on our own basis simply as medical men. We can claim our rights, not by the fact of being in any regiment, but simply as army doctors. It gives us a place in the army never held before. By withdrawing us from regiments friction with other corps is reduced to a minimum; and we are free to develop our ancient traditions and our own *esprit de corps*, a thing impossible in the old days. Until we can appeal to the young officers of our department solely and simply on our *esprit de corps* as doctors, so long will we be weak and divided.

Professionally speaking, we have all to gain by union. In our petty little regimental hospitals we could never become good doctors. We had no intellectual friction, little real medical life, and the senior and junior officers had no opportunity of comparing notes or receiving information. Now we can all develop our knowledge and become better doctors than ever before. All good service done now will now count to the credit of our department, and all neglect or carelessness will equally injure us. We are taught then to live for our department.

87. (I).—In the larger garrisons we can have our own messes, libraries of medical books, clubs for papers and periodicals, good laboratories and microscope rooms, and all the essential aids to efficiency. By having messes in a few central garrisons the young officers can be kept together, and a comradeship and fellow-feeling developed that will always be of use.

88. (J).—It equalises the roster for home and for foreign service for all officers, and abolishes or reduces to a minimum the great irregularities which occurred in the old days by some officers never going abroad, and others being constantly on foreign service.

89. (K).—**Training in administration.**—By making the senior medical officer in each garrison act as director of all medical arrangements in the garrison consisting of several corps he is trained to administration and to deal with army medical questions on a large basis, not, as in regiments, from a very narrow standpoint. In this way a crowd of officers are learning to administrate, and they eventually will become our Directing Medical Officers. In the old days a man went from a small cavalry regiment or battalion to direct the medical affairs of a division of the army for which he had no training whatever.

90. (L).—It abolishes the absurd system of making a staff doctor, however senior, junior in hospital to a regimental doctor, however

junior—an anomaly constantly seen in old days, depressing to the department and detrimental to the efficiency of the service.

91. (M).—A definite uniform.—It makes one definite uniform possible for the Army Medical Department, whether officers, sergeants, or orderlies, and prevents the extraordinary variety that always existed on this head in the service. Such a variety was entirely opposed to efficiency, and rendered it impossible to find out a medical officer. Now a clearly defined rule can be laid down, and a distinct uniform made compulsory.

92. (N).—Provides for the militia and volunteers.—The medical care of our now very strong auxiliary forces can be quite easily carried out during embodiment under the unification system, as the sick men can be admitted at once into the garrison hospitals, or, if in camp, into the divisional field hospitals. If we were trusting to the old regimental system, each regiment of militia or corps of volunteers would on embodiment have, under great difficulties, to organise its own little hospital.

This would be very troublesome, but now when a militia corps joins a division or a brigade on embodiment, its sick can be treated in the hospital attached to the brigade.

What is wanting in the army, whether with the regular or auxiliary forces, is efficient and workable hospitals.

The actual presence of medical officers with corps in camp or barracks, although essential, is not so all-important by comparison with having the hospitals thoroughly ready and up to the mark. If an officer or soldier gets sick or is wounded, he can at any time be removed to hospital, and it is there efficiency is wanted.

In the old days medical officers really wasted their time quite uselessly in having to attend musketry parades and cavalry drills, where accidents never happened, or if they did, a medical officer on the ground, without appliances or ambulance waggons or stretchers, was quite useless. How many weary hours have we not spent attending these tiresome drills, when one forgot one's professional work and learned nothing whatever. Practically, if we acted on the principle of being constantly hanging about the soldier, waiting for accidents to happen him, we should never leave his side, and we would never get any practice. It is at stables, or when out amusing themselves, that, as a rule, accidents happen men, and it is to hospital they should be at once taken.

93. (O).—Finally, it gives us all a centre in the service to work round, and a department to live for in every garrison in the empire. Up to the present day a medical department properly so called did not exist in the army, for that name could not justly be applied to a few principal medical officers almost powerless over their department, and a crowd of homeless staff assistant surgeons quite unorganised, doing every fatiguing and unpleasant duty.

To-day every doctor in the service is combined in a single medical corps, standing on its own footing, wearing its own uniform, performing its own duties, and enjoying its rank and privileges on the sole bases of being army medical officers.

The irregularities and unfairness of the old system are passing away,

and the department is awaking from its old torpor to a true professional and army life. Even in the short time since unification was established considerable advantages have been gained by the department, and many more have yet to come.

We, however, stand now on a clear and defined basis.

It is a basis on which we are perfectly unassailable, and that standpoint is professional efficiency.

94. We want to be better doctors in war and in peace, and it is well that our cry should be heard and understood. It is no clamour for absurd privileges or boons; it is a true and sensible movement that cannot be laughed down or derided. It appeals to the common sense of England, for it is thoroughly a movement towards efficiency and towards economy, and modify or change how we may, it cannot be found fault with on these grounds.

It appeals to the civil profession in medicine by its cry for a more thorough medical life, a closer application to our own scientific duties, and an aiming at hospital efficiency in its widest sense. We do not want to ignore medicine. We want to stand by it. To be known as doctors. To wear a doctor's uniform and that only. To base all our claims for rank and pay and rights of all kinds on this basis above all; we are doctors, soldier-doctors it is true, but above all doctors.

95. It appeals to the soldier on irresistible grounds. We want to be good men at our work, to stand by you all the better in your hour of need. The more we become proficient the better for you. The old system injured us as doctors in peace, and would have left us powerless to help you in war. Now all is changed. You have fine traditions. So have we. You have *esprit de corps*. We want it also. You stand up for your position as soldiers; we for ours as doctors. There is no cause for a quarrel between us. We can get on capitally together. But we want a corps of our own. We want to be able to appeal to our young men not as Buffs, or Borderers, or Connaught Rangers, or Highlanders. We want to say to them you are army doctors, that and that only, and we can only do so by having a corps organization. We shall stand by the service and the soldier as we have always stood by it, sharing every danger—sharing every success—with you in the glorious advance—with you in the day of danger and distress. We have marched with you, sailed with you, served with you everywhere. Often killed in battle, often wounded, constantly sick and swept away by epidemics. As we have done in the past so we shall do in the future, unfaltering, devoted, true to the soldier to the last, but we want a corps to live for and a tradition of our own to be developed.

We want to see our department and our officers and men as proud of the Army Medical Department and its uniform as the best regiments are proud of their tradition and their good service, and it is only by so developing this corps-feeling we can ever hope for efficiency. Unless we are proud of our department, unless we are proud of being doctors, we can never rise to any efficiency. Unification means promoting that efficiency, and it is well to let this be clearly understood. The question has become so involved with sentimentalities that the central fact may be lost sight of.

96. Unification means one thing only. It means we want to be

doctors. We want to stand or fall by that rallying cry. We want a deeper professional life, and we can only get it by unification. We want to be with the soldier. We want to be able to assist our men well and thoroughly when ill in peace time. Unification alone can aid us to do so.

We want to be ready in war, to give heart and soul to our wounded comrades, and to be ready to aid them in an efficient and practical way.

Unification and it alone enables us to do so. No other road remains open. This and this only is our true path to advance upon.

97. Finally, when we accept boons or ask for concessions, we want to ask for these on one clear, open, and unquestionable basis, that of being simply army doctors and officers in the army entitled to perfect equality with all other officers.

We desire to stand by this faith, and if we progress we progress with it; and if we fall we fall for a known and an apparent reason.

SECTION VI

THE WANTS OF THE ARMY MEDICAL SERVICE

98. If any officer of the military or medical departments of the army imagines that in aiming at unification principles the medical officers are striving to do less work or to lead easier lives, they are thoroughly and entirely mistaken. It means harder work, more responsibility, and more attention to duty than ever was necessary under the regimental system. The medical department will by it be entrusted with most arduous responsibilities, but its hands will be untied to do the work. Heretofore we have led in regiments by comparison an easy life. But now we will have far harder work but a freer field to work in.

The principal is so true, so easily defended, and such a thoroughly good one to stand up for, that no drawback exists in urging its complete acceptance by the army and the profession. We can all, without fear or shame, stand up for a cause that aims at making us in peace times better doctors, and that in war time enables us to assist and succour the wounded soldier in the field in a way quite impossible before. Up to the present day in our aims at progress, regimentalism constantly intervened as a principle fatal to all real development, but now that old man of the sea has at last been removed from us. Nevertheless, although unification is essentially true in principle, and that not a single valid argument exists against it, it has been indifferently received, and in several instances clamoured against. There

must be reasons for this outcry, and it would be far better they should be clearly pointed out. Why should a body of professional men, such as army doctors are, oppose, as some do, the development of a system so true in its every bearing? Let us examine the reasons.

99. Up to 1873 no Medical Department as an army unit really existed.—This may seem a strange assertion to make, yet it is really correct. Until 1873 the department's strength and energy was subdivided and frittered away in petty regimental streamlets, and, whether as regards army position or prestige, no real medical department existed.

It is true there were some forty principal medical officers and some 300 staff surgeons and assistant surgeons, but the former officers were quite devoid of any real power over the medical officers, and the latter were merely engaged in filling up the casualties in the ranks of the regimental doctors. The medical department really existed as a sub-department of every regiment classed officially with the pay service and the quartermaster's department. To-day this is all changed. We are now relieved from these dead-weights, and a free field exists before us. The medical service will no longer be either fostered or depressed by extraneous aid, and it must stand or fall by the test of its own efficiency.

That it can develop itself when given a fair and open field to work in, and when its wants are duly met, no fear need exist. Subdivided as we have been up to the present time in a crowd of heterogeneous groups, how could a departmental spirit exist? With a hundred varying regimental subdivisions, dressed in a hundred varying uniforms, never concentrated together, with no means at our disposal to preserve our traditions or to develop our *esprit de corps*, how could we but be weak? Divided still more by the great division of regimental and staff doctors, the former monopolising all the comforts, and the latter suffering all the hardships of army life—was it not but natural that to be a non-regimental army doctor seemed at first to many of us not to be a pleasant thing? Let such a system of subdivision be tried on with any corps or department and see how *esprit de corps* will perish. Try it with the Royal Artillery and see if its spirit will survive.

100. In the old days the Royal Artillery, instead of being grouped in batteries and brigades, was scattered over the army at the rate of two guns to each battalion of infantry.

Such subdivision was fatal to its efficiency, and was stopped long years ago. But let us imagine that the artillery had remained until to-day scattered by single guns attached to every single regiment of cavalry and battalion of infantry in the army.

Let the theory be yes, truly, artillery is useful in an army, but each regiment should have its own gun. Who can look after it so well as the commanding officer of the regiment whose men it is to protect? Let each gun be furnished with transport, and let its interior economy be watched over by the regimental commanding officers. Let the gunners and the gun officers be all dressed in the regimental uniform of the corps to which they are attached. On the line of march let each gun follow its own battalion distinct from every other gun in the army. Although there may be in the same garrison five or six guns, all

attached to as many different regiments, let them be wholly distinct in every way, and let the officers never meet together for drill or conversation. When one regimental gun in action has spent all its ammunition and is practically worked out, let no one have the power to detach another gun or its gunners, or a round of ammunition, from a regiment not engaged to give assistance, because, forsooth, each regiment would have a gun of its own. Let there be gunnery inspectors nominally responsible for the artillery service, but let them have no power whatever over the artillery save to count the cartridges half-yearly or such like duty, and let a crowd of gunners not attached to regiments be kept constantly knocking about from place to place and doing all the drudgery of the artillery. Let every artillery man know that the detached gun system had already failed in the field, was abandoned by every other European army, and was perfectly unworkable in peace. Let them, although heavily engaged under fire, be called non-combatants, because artillery do not themselves charge positions or capture guns. Let the decorations given freely to other corps come rarely to them.

Do all this, and say where will artillery *esprit de corps* be? Simply nowhere. But that system does not exist for the gunners; they are all concentrated in batteries; they are responsible for all their own duties; they have a grand tradition, and wear on their appointments memorials of good service done.

They have a history and a noble name, and how could they have ever had it under such a system as I have imagined.

For under that system, however well each regimental gun worked in action, however well the gunners did their duty, it is to the officer commanding the regiment all the credit would go. However well the medical men worked in the by-gone campaigns, the credit went to the regimental commanding officer, and the department as a department is never mentioned.

101. Now we have a fairer system. We stand or fall by our department. If it is weak and bad, we fall with it; if it is devoted, brave, enduring, full of hard work, skilful, we rise with it. This means the basis of *esprit de corps*. These are the elements of all comradeship and brotherhood in any service. That we can develop them if we get a fair field, no doubt whatever exists.

But until 1873 we saw the staff doctors uncared for, hurried about everywhere without prestige or position, and employed in every unpleasant medical duty, and very many of us dreaded becoming like them.

The fear is groundless, it can never occur again. The support we imagined we had in the regimental system was a false support; it paralysed all professional efficiency; it ignored our grand profession; it rendered us less useful than we should be to the soldier and the country; and in war time it left us helpless and useless in the field of battle.

That system is now dead, the long-suffering staff doctor is abolished, we are now detailed to garrisons almost permanently, and it is our fault if we do not organise our comforts.

102. Another cause tending to make army doctors dislike unifica-

tion was the fear that by it they would lose the protection and the shelter their regimental commanding officers afforded them in any question of rights, privileges, or boons, or the representation of grievances or the like. Seeing how utterly powerless in the old days the directing doctors were to guard the interests of the medical officers, and how centralised all authority was in the regimental commanding officer, many medical officers looked forward with dread to the day that would take them from their regiments and reduce them to the friendless level of the old staff assistant surgeon. This fear is also groundless. Increased power has been given to the directing officers, and they will use it doubtless as they should do to guard the interest of all.

The protection and assistance that in every corps or department should be derived from the kind advice and friendly services of one's seniors will now develop itself in our department, and we will all be happier for it.

103. Another reason making medical officers dread unification was fearing that, once removed from regiments, all warrants and privileges granted them would be gradually taken away, and that under powerless and timid directing medical officers no one would be left to stand up for them or speak in favour of their just rights.

See, say some of them, how our privileges disappear one by one. Let us cling close to the regiments. Let us hide in every way our departmental sympathies. Let us have complete solidarity with our regimental brother-officers. Let us ignore our position as doctors. All will then be well, for no Government ever attempts to take from us those boons we hold in common with the military department.

Look, they say, at the history of the past, judge from it the prospects of the future. If we unify we perish. It is true it means good doctoring; it is true it means war efficiency; it is true it means professional development in every way; but we are but men after all, and if it deprives us of guaranteed advantages and privileges conceded to us by royal warrants, who can blame us for preferring the comparative drawbacks of regiments with the superlative personal evils of departmentalism.

Here it is difficult to answer them. Sheltered under such an argument, what answer can be given them? But the unificationists have a firm faith in the future. They believe that although it is true that drawbacks have arisen in the past, and that many acts of the State need clear explanation and straightforward answering, that in the end it is better to stand forward as army doctors alone, fighting their own battle, trusting to their own vigour for guarding themselves, and appealing with confidence to the good sense of the country and of the army that justice shall be done. In this we all agree. We cannot exist in the army if this be not the rule.

Our basis for work must be clear, definite, unassailable, and assured. Members of a profession daily rising in the social scale, daily becoming more scientific in its character, daily building itself up on a basis more secure against attack than either church or sword or gown can to-day boast of, working its way ahead, not by powerful interest or the fostering hand of patronage, but by sheer force of hard work,

intelligence, and thorough modern spirit, the doctor serving England in her army cannot exist on dubious privileges, but must be openly and fairly dealt with as a man of education and daily increasing difficulty of production.

104. We who have been with the soldier in every phase of his varied life, we who have been shot down in the battle and wounded in the trench, who have perished by fifty at a time in the pestilences of the great campaigns, who are covered with medals and decorations won in the field, who have been stricken down by tropical suns, or swept away by cholera epidemics along with our soldier comrades, who have shared in every danger the soldier shares, have been nearer to him in suffering in every land than even his own kindred, who on every shore and on every sea have served England honourably, faithfully, devotedly—aye, even unto death, who have struggled more for the comforts of the soldier and his wife and children than even his own officers, who have taken part in a hundred campaigns and have always loved the soldier well, we who have been with the soldier in his service a thousand times oftener than any other army department we do not come on sufferance.

We come as a part of the army, serving the same Queen, serving the same people, willing, if it must be, to die for the nation, but we do not come on any less definite footing. We want clearly defined position, clearly defined and unassailable rights. An equal share of the rank, honours, and rewards with those whose dangers we share. We want protection in our duty and freedom in our work, a defined position in the service, and it is better to claim these things on the true basis as army doctors than by strategem, as it were, to obtain them under the masquerade of hussars, artillerymen, or infantry officers, as we did in the regimental days.

We may briefly notice some points needing examination.

105. **Absence of honorary distinctions.**—When a regiment or corps distinguishes itself in a campaign, it is the custom of the service that they receive permission to place the name of the battle or campaign upon their colours or appointments.

By these memorials *esprit de corps* is preserved, and tradition developed.

When the corps consists of a large body of officers and men, some of whom must share in every campaign, a more general honorary distinction is given, such as “Ubique” and “Quo fas et gloria ducunt” in the artillery and engineers, and “Per mare et terram” in the royal marines. Corps also as a reward are made “Royal” or “Queen’s” or “King’s,” or such like. Small as these things may seem in civil eyes, they are dear to the soldier and soldier-doctor, and form the most pleasant rewards a regiment can receive. Knowing as we do the long and faithful services of army doctors in the century and three quarters that have passed away since Marlborough’s days, and the constant share the medical service has taken in continual campaigns, one opens the Army List to find that no reward of any kind exists at the head of the department, differing in this way from every other corps in the service. That army doctors feel this I am certain, and it has often been pointed to by doctors favouring regimental views to show the

neglected condition of the medical service, It seems impossible to answer such a complaint. Take even the latest example—"Ashantee."

106. The 23rd bear the word on their colours, although, as it happens, through no fault of theirs, the share they took in the campaign was principally lying off the African Coast in transports. Seventy-three army medical officers served there, all exposed to disease, many under fire, yet no record, general or particular, would show this to the uninitiated. The average civilian would think we had done nothing.

Many officers feel disheartened at this apparently unequal treatment of the Army Medical Department by comparison with other branches of the service. Whether it be the Crimea, Mutiny campaign, Abyssinia, China, it is in every case the same. We get no record of duty done, although every other body does.

Yet no corps of officers can compare in service with ours, and for this reason. We have taken share in every European campaign from Marlborough's battle to Sebastopol, and in addition have served in all the long Indian wars that built up our empire in the east—a service few other corps have done. The artillery and engineers never went to India until 1857, neither did the commissariat, the chaplains, nor the other departments. We, on the contrary, have shared in all these wars, and some of our noblest acts of devotion have been done under an Indian sun, in the days of 1857, at Delhi and Lucknow, and in the old days before them.

107. We are not honoured with the prefix "Royal" although artillerymen and a crowd of infantry corps are so honoured; we, equally devoted to England, are left out in the cold. Small things like these are often great because they are so small. They are dear to the soldier and the soldier doctor, and we would put up with many a hardship, knowing that by-and-by recognition of good service done would come.

What would be acceptable to many would be the grouping together under one title of Army Medical Corps, or Royal Medical Corps, of the existing Army Medical Department and the Army Hospital Corps. Considering that we will always serve together and that we are indissolubly connected with one another, such a union might well be consummated by a single title being given. In the old days we had Royal Engineer officers and "Sappers and Miners" men, now all are united in a single corps of Royal Engineers, and it tends much to uniformity and *esprit de corps*. There are boons dearer to the soldier-doctor than any increase of pay. Those boons are just appreciation by the State of duty well done, and the recording of it in the way customary in any other branch of the service. Such boons are easily given, and how dearly would they be valued.

It is difficult to dwell too markedly on the bad effect this question of the title of the medical corps has had upon the *esprit de corps* of the medical service. Up to the introduction of unification in 1873 a great body of the army doctors belonged to "Royal" corps. In the gaining of the title of "Royal" by those various regiments the medical officers took their share, and there is no doubt whatever that when the medical officers were unified, it would have been a gracious and politic act to have raised the medical service to the status of a Royal Corps. Not to do so was to level downwards and not upwards, and

the whole aim of English social and political life is to level upwards if possible, and in this case it was absolutely easy and perfectly possible to have done so. It would have appealed to the young medical officers entering the service, not on the rather material basis of coal allowances and extra pay, but on the basis of sentiment and chivalry, two elements absolutely essential in the military life. It would have showed to the more thoughtless amongst the combatant branches of the army that the State did not despise and desire to neglect the medical service, but rather to foster it and treat it with perfect sympathy and equality. It is entirely to be regretted that this was not then done. It has caused injury to the *morale* of the medical service, and weakened its position within the service appreciably, and it should now be rectified.

But in 1878, owing to the complete refusal of doctors to enter the army, a commission specially appointed recommended a change of title for the Army Medical Department. Not one of us but imagined that the time had now certainly arrived when action would be taken by the authorities. We saw the Irish constabulary so rewarded for service in the troubles in Ireland, we saw a crowd of Indian Sepoy battalions so rewarded, we saw several English battalions also specially made into Royal or specially titled corps, and we believed our turn, so long hoped for, had at last come. But rumour says some opposition existed, and we saw ourselves placed in the undignified position of having by our senior officer and representative asked for a new title and been refused, and this too at a time when Sepoy battalions, doubtless very deservedly, were receiving special marks of favour. It is difficult to explain this condition of affairs, but it is absolutely necessary to point out that occurrences of this kind heavily handicap a branch of the service which needs fostering care and not repression.

In the same way the title "Department," as applied to the medical service, is not popular. No one knows what it means.

Leading surgeons in London have said "our young men will never enter a department;" and certainly it is a title difficult of explanation. We are absolutely a corps of the army. A Red Cross Corps, a Medical Corps, or what you will, but as to department, we do not know what it means, and consider that it should refer only to the Head Quarter Medical Office at the War Office. It is quite unpopular, unnecessary, and should be replaced by the title Corps or Staff. It is quite in vain to overlook these minutiae. Living in an organization like the army it is necessary to take every precaution to guard the *esprit de corps* of young medical officers, for that once broken down, discipline and efficiency are at an end, and it is certain that no corps in the army has need of a more perfect discipline, nor a more complete and thorough efficiency than the army medical service. Whatever fosters that feeling is good, whatever weakens it is pregnant with ill in every way.

Following out the same argument a crest or badge and a motto are all of use.

It is absurd to say these little things are to be despised. Men are not all philosophers, and a badge and a motto have often stimulated to

noble deeds. Many officers look on the Red Cross as a most honourable badge, and one that we should all wear, but doubtless there are others equally appropriate. As to a motto, it has been said that the words '*Semper et ubique fidelis*' are suitable for our services. No body of officers of any corps have ever done more devoted, and shall I say more unrewarded, services than our own. Why not give us then a motto? It may in some hour of supreme trial, such as occurs so often to most of us in our varied round of duty, stimulate a weary brother to continue his good work. It is likewise the custom of our service, and why not let the doctors share in it?

108. **Classed as "non-combatants."**—In every army there must be a number of departments whose duty is to provide for the fighting-man. The feeding service, the transport service, the ammunition supply service, the postal service, the provost marshal service, the pay service, the chaplain's service; all these in our army are classed as "non-combatants," and amongst them is included the medical department. It is an unfair classification. The term "non-combatant" practically means, in all other departments, not being exposed to fire or chance of death by war missiles. What is objected to by army doctors is, that it is unfair to class us with those other departments. Take the case of the Crimea—India, where you will. We march down to the trenches, and are daily exposed to shot and shell and sortie. At the assault the medical officers accompany the advance and are constantly under fire.

109. At the Alma, at Inkermann, at Balaklava, at the siege of Delhi and Lucknow, in Abyssinia, and China, where are the doctors? Under fire, and constantly liable to be wounded and killed. We have constantly gotten the Victoria Cross, probably more often than any other corps. The department is covered with medals, some 800 alone, in a single branch of the service. The record of its services in Hart's Army List contains some of the finest records in the book. Then again remember the services during epidemics. Think of the cholera scourge that sweeps over India yearly and carries off so many hundred gallant men. Service during a long cholera epidemic is far more trying than any campaign service, and the great brunt of the labour falls on the army doctors. Yet all these things are never remembered, and we who go through campaigns and epidemics are branded with a most unjust, unfair, and in every way misleading title which we perpetually repudiate. Our position is simply this, that the various corps of the army may fight amongst themselves as to who is combatant and who is non-combatant; we maintain that no word shall be used to us, nor with any reference to us, which will in any way give colour to the idea that our labours and our duties are one whit less noble, less important, or demand less sacrifice, less courage, than those of any corps in the army, be that corps what it may be.

We are the medical corps, and we accept with it all its responsibility and all its labour, and we claim for it all its due honours, all its high reward; we claim for it the most absolute, the most complete, the most perfect equality of treatment, such as is given to the best corps in the service. With these titles, of combatant or non-combatant,

we have no concern whatever. The army may designate its departments with any class titles, or designations it pleases, but to us they shall not apply. If they do our prestige suffers, indifferent men will come to us, and our efficiency for good work to the soldier will suffer.

The great Lord Dalhousie wrote a minute, in which he said the custom of applying the term non-combatant to army surgeons should quite be abolished.

Lord Chelmsford has spoken in this most open and chivalrous way against this odious word, and the whole medical service feels that while such an untrue and injurious title is applied to a corps like our own, we will be completely at the mercy of the thoughtless and careless ones amongst the officers of the army who have ever used this odious word as an excuse for all the neglects of which we complain.

Quite recently it is reported that a confidential decision has been given that a medical officer, being a non-combatant, is never to be saluted by any combatant officer. Such a decision naturally leads to a determination on the part of medical officers to salute no combatant officer, and as a consequence discipline is thoroughly shaken and great injury done to the inner life of the entire army. The basis of this decision is said to be that the Army Medical Department are non-combatants, and hence not entitled to be saluted. England never meant this to be the case. We all of us feel that the people of England never meant that in the national army we who come as physicians should occupy a depressed or inferior position simply because our mission is to bind up their children's wounds, to mitigate and render less intense human suffering.

Even if public opinion was so far in the wrong as to imagine such a state of things should exist, it would soon be educated to the right view by finding every man of any independence of character quitting the medical service, and as a consequence a most utter breakdown of all the arrangements humanity demands to-day for the care and protection of her wounded children.

We desire neither to be petted nor oppressed, but simply to live a perfectly just and fair life in the army, with absolutely equal treatment with the soldiers with whom we serve. We ask no more, and it would be absurd to imagine how we could ever be contented with anything less. We shall salute our seniors of every class and corps, but we also make this conditional on all senior medical officers being saluted by their juniors amongst the combatants.

"If," said a leading physician, whose name every one knows, "a sentry stands on his head to the general, likewise he should stand on his head to the surgeon-general;" and this, although a rough way of putting it, is, I think, the common opinion amongst military surgeons.

Absolute, complete, and perfect equality of treatment, this is the keynote of all our demands, and on such a basis everything is possible. Without it nothing but perpetual friction can result.

110. Permanent warrants.—The continuous change in the warrants under which the medical officers serve is the cause of much anxiety to every one in the department. Take Sydney Herbert's warrant of 1858.

It has always been looked on as our Magna Charta. In it the old rank of surgeon was made equal to that of major in the army—a just concession in every way. Hardly had the warrant been a few months in existence when a new reading of the warrant was published, stating that although ranking as a major, the surgeon should be junior of the rank always, a most painful proviso. It deprived the surgeon of position and many advantages. At once the medical service took alarm, the civil profession was surprised, and, as has always been the case when rights are meddled with, agitation commenced. Questions in the House, appeals, deputations, discussions in the schools, and the usual routine of agitation was set to work. Of course the objectionable reading was cancelled and surgeons were made to rank with majors as before. The doctors won by agitation, discipline was shaken, and the State gave way. But a new question arose. An Indian commander-in-chief, seeing the surgeon mounted on parade as became his field rank, made him dismount on parade, and laid down a rule that no surgeon, although drawing forage and mounted on the line of *march*, was to appear so mounted on parade. Again agitation commenced, again deputations, again questions, again letters in the journals, and again it was decided that they were always mounted officers on parade, and the commander-in-chief was wrong. But the injury done to the doctors by the public dismounting of a senior officer rang through the service and did much damage. It injures *morale* and shakes men's faith in warrants if such things can occur. But in 1873 came a new warrant, and the much-struggled-for horse and forage were taken away at a blow. Again agitation, again questions in the House, again clamour and discussion in the schools, and again horse and forage were given back. Discipline again was shaken, and the old confidence, where was it? Gone, they say. Men's minds get shaken by such variations, it ruins discipline, and it paralyses efficiency that such things should occur. But they occur constantly.

111. Hardly, indeed, had the horse and the forage question been settled, when a new warrant was issued in 1876, cutting at once at the root of *esprit de corps* in the medical service. It was decided that in future doctors would be entered for ten years only in the army, and then sent adrift with one thousand pounds gratuity.

The warrant was received with surprise by the medical schools, who refused to be attracted by it, but with sorrow and the deepest regret by the medical service, who saw at once that the axe was indeed laid at the root of the tree of efficiency.

But what can have been the feelings of the private soldier and his family, who saw that in future the medical service of the army was to be the place where the youthful physician was to be trained, and once trained to be turned adrift.

That no experienced medical officer was to be allowed to remain in the army medical service. It was intensely a question for the rank and file of the army, but the proposed system broke down, not by any remonstrances from the military press, or the military members of the House, but solely by the common-sense and independence of the medical schools, who, in this case, acted most devotedly, and the scheme perished by the complete absence of candidates at the examinations.

That is to say, the medical profession by its action saved the army from a most serious calamity, viz. the filling up the ranks of the service with broken-down medical men, the failures of the profession.

Two wars now broke out, the South African and the Affghan war, and we saw the extraordinary sight of an army of a great nation absolutely without medical candidates, and the army in Africa medically attended by many chance civilian doctors. The urgency of the case and the strong expression of public opinion, however conquered, and, in 1879, yet another warrant appeared, overwhelming the medical service with pay, coals, and relative rank. The young men from the schools, who, in 1876 were only to be taken in for ten years and sent away with one thousand pounds, were now tempted with captain's rank, large pay, abolition of examination for promotion, large retirement at twenty years' service, and a whole host of material advantages.

But the great burning questions were and are still not dealt with, and the English taxpayer is now paying a heavy sum to secure medical officers, simply because the great fundamental grievances of the doctors have never yet been dealt with.

The young officers enter as captains, thereby weakening our own internal corps discipline, and irritating the combatant officers, but the fault is in no sense ours. The young medical officers seem to feel that they are conferring a favour on the army by entering it, and how can their discipline be so great as if they knew that crowds were ready to take their places?

Money and coals will not make the department efficient or happy. Equality of treatment will, and when is the lesson to be learned by those in authority? The gates of Sandhurst and Woolwich are crowded with candidates for the army, the militia gateway is literally choked with the crush of competitors, but the medical service has to go begging to the civil profession for candidates, and none of us know from day to day how we stand in the service.

114. What we need is permanency in our privileges. For the sake of a couple of thousand pounds a year forage was withdrawn from the doctors contrary to the old warrants, but it was a poor economy, as it rang through the civil schools, and frightened men from entering the service. Examinations came round, and no men appeared. Men dreaded leaving their regiments on this account. They say "The privileges held in a regiment in common with a crowd of captains or majors are never touched. So long as a right is held in common with the military officers of the army it is practically safe. Once," say they, "leave the regiment, all is unsafe." This variation leads to heartburning, agitation, appeals in the papers, the civil schools get frightened, the department gets a bad name, its discipline is ruined, and in the end the department gets all it wants, and more, after clamouring for it loudly. But the shock to discipline is ruinous, and after all the grace of the boon is gone, it has been wrenched as it were from the State, and a body of officers full of discipline, loyal to their duty, devoted to their work, and anxious to be good servants of the State, get disheartened, and a number of useless men make it an excuse for every laxity. Such evils as these are easily corrected, and should not occur in future. Liberal treatment means good service, and true devoted men will come

to a service that treats them well. But precarious privileges that melt away in a month or two attract none save the indifferent and the useless who come to the army to idle and to lounge.

115. **Military command of the Army Hospital Corps.**—Very much feeling has been expended by some old school officers, both military and medical, on the question of who should command the Army Hospital Corps, in other words, who should have the discipline of the hospital subordinate staff. The question has never admitted of a doubt, that as the ultimate working elements of any hospital must finally be the doctor and the nursing attendant, that the latter must obey the instructions of the former, the skilled director. No one has ever questioned this basis of argument. The nurse cannot command the doctor, and the doctor should be able to order the nurse to carry out his instructions. In permanent civil institutions it may be possible with elaborate administrative staffs to have a third individual to whom the medical officer or the nurse could appeal in case of neglect on either side. It is not possible, having in view the many contingencies of military service to have that third party present in every army hospital, and hence the disciplinary control must fall into the surgeon's hands. Such has been the end of the conflict in every army where the question has come up for decision. Let us see if it be possible to work on any other basis. One may say at once that the power of punishment is after all a painful and unwelcome task, but it has its set off in the fact that he who punishes can also reward. Let us suppose, for example, that with our detached garrison and field hospitals, it was possible to have with each a separate military commandant. In the first place he should be senior to the senior doctor, and must at least be a colonel in the army. Again, he should be the best specimen of a staff college officer, or at any rate an officer of rare discrimination and tact, and able to ensure, by his efficiency and absolute scientific professional qualifications, the respect and esteem of the very critical body of physicians he commanded.

As he would have to begin his work of commanding a hospital when very senior, as there would be no posts where he could learn his duties as a junior hospital commandant, he would begin as a very senior officer to learn a routine and an administration for which he had received literally no training.

Owing to his absence of scientific medical knowledge he would be unable to overrule any single opinion of the medical staff, and would be quite unable to decide on the movement of a single case of illness, nor the evacuation of a hospital, nor could he decide in any way as to the efficiency or non-efficiency of a nurse. Without a high sanitary training he would be unable to estimate with any degree of accuracy the value of sanitary precautions or sanitary neglects, and he would find himself quite in the hands of the scientific officers of the hospital who would move him as they wished if he was weak minded, or be in perpetual friction with him if he was obstinate.

But even granted we found an admirable Crichton who filled all these points to perfection. Full of tact, highly cultured, the friend and helper of the physician, he is but one man and if he falls ill who is to act for him during his illness. Must we have a raw outsider

brought in from some regiment or staff appointment, some military failure in his own line, and must we begin to educate our master anew.

But say he is strong and healthy and never gets ill. Yes, but the hospital breaks up into sections or groups, and all military hospitals must do so, who is to command the detached section, or the half hospital left behind with wounded on the field when the head quarters of the hospital move on? In our time of utmost need we would be left helpless, and so it must be. The command of the whole medical and nursing staff must centre in the senior doctor, not by his special desire, not to satisfy noisy clamour, not to take him away from more urgent work, not simply because no one else can do it. He who has the special knowledge, he alone can overrule, he alone can decide, his opinion alone is final. All outsiders are but playing with the subject, and are ever liable to frightful mistakes.

The command has come to us logically and so must remain, not as a coveted advantage, but as an absolute necessity, the very burden of our position, a labour and a duty we can neither shirk nor shift to others beyond ourselves. It is not a thing to be prayed for and hoped for, it is a sad duty when one has to punish some neglect, but it has also its sunny side when the power is also there to reward duty well done. When in 1873 we for the sake of military efficiency left our regiments, and broke up our former associations, we undertook amongst our new duties the command of ourselves and our staffs. When we left the command of colonels of battalions and regiments we assuredly never meant that we should place ourselves under the command of any body of officers of less experience or status or defined position that they were.

They at least were colonels commanding regiments, and any commandant we would serve under should certainly be officers in no way junior to these; but we have shown that even military officers of high rank would be unable efficiently to command hospitals, and the arguments apply with far more force to any officers of junior status. Least of all would it be possible to give over the directing control of the hospitals to individuals nominated by ourselves from amongst those subordinates whom we had chosen as being worthy of reward.

The break down of the French intendance system took place when military staff officers of high rank were attempting to govern the hospitals, but perfect chaos would soon result if the authority in a hospital were given to nominees of the physicians themselves, chosen out of the nurses simply as men of straw afraid either to oppose the views of others or advance those of their own.

119. *Dress*.—The question of dress is important in this way. For years the staff medical doctors were poorly dressed, with ugly appointments.

The story of their improvement in this direction is the story of a wretched struggle and a final conquest, but, it seems to be wiser to avoid these struggles on the part of the authorities, and to give medical officers a dress, *distinctive* certainly but not ugly. Since 1873 much improvement has taken place, and will no doubt continue. Equality

with the rest of the army is important in this as in other matters. The struggle for every improvement in dress the department gets teaches men indiscipline. Agitation gains everything, and nothing comes as a free gift. In this way men learn to agitate, and order is interfered with. We need good handsome uniform, but distinctive and departmental. We serve in every branch of the army, and for that reason should be so dressed that in a well-dressed cavalry corps or elsewhere a medical officer should not be utterly conspicuous by ugly uniform.

We agree with a crowd of officers of every branch of the service that gold lace and trumpery embroidery is but poor ornament for a soldier. But that is not the question at issue. While it is the custom of the service to wear it, we must sail with the stream. When the army discards it, we will do likewise. But to send a badly dressed officer of the medical service to be with well-dressed cavalry or horse artillery injures the *morale* of the younger men of our service, and people think the State considers any dress good enough for its medical servants.

120. This is wrong. If we want to develop *esprit de corps* and a pride in our department, the dress is one of the little things that mean so much as an aid to that *esprit de corps*. Equality with the army is the true principle to act on. Yet every department is dressed more handsomely than we were; and no department needs it more, for we serve with the soldier under arms.

It seems now absolutely essential that the uniform of the Army Medical Department and the Army Hospital Corps should be assimilated. To-day we wear scarlet, the men wear blue. However unfit scarlet may be as a field dress, as a uniform for dress or social purposes it will long remain; and there is no reason why the Army Hospital Corps and ourselves should not wear it as a full or parade dress, both wearing grey or khaki as a field dress.

It would be in every way advisable that the officers and men of the Medical Corps should wear the Red Cross badge as a common distinctive mark. However much one may doubt the value of such marks for a service like our own, which fights with savages and fanatics who spare none, still it is a point gained to secure a suitable badge of any kind, and the Red Cross seems such. It is the badge of humanity, and must as the years roll on become the most dignified of decorations. To allow the men to wear it as they now do, and for us to ignore it, is to weaken the bond that should and must exist between officers and men of the same service. We are absolutely a military brotherhood banded together in the cause of humanity, and from the Director-General down to the junior orderly in the corps we should be animated by the one idea of devotion to the sick soldier. A badge common to all ranks facilitates such a feeling.

On so petty a question as the colour of our uniform it would be the greatest pity if any pain was caused to the medical officers by changing their uniform to blue. It would be a levelling of the officers to meet the men, and for this there is no occasion. The medical staff have worn scarlet for a century and a half, are most devoted to it, and there is no reason why for dress purposes they should not

continue it. In the field modern warfare requires less conspicuous colours, although it might be questioned whether in war the whole medical corps might not wear scarlet as a protecting and distinctive badge of the medical services. An assimilation of the uniform of the Army Medical Department and Army Hospital Corps is, however, absolutely necessary whichever way the assimilation is made. The authorities can in this matter show consideration and tact, and refrain from injuring the *esprit de corps* of the medical service.

121. **One medical officer per regiment.**—To a certain class of medical and military officers the whole of the difficulties of military medical organisation would at once (they say) vanish if their demand of one medical officer per regiment was granted. It is not difficult to dispel such an illusion. Every medical officer admits that in the field each unit should have a medical officer with it.

In the field there is a constant liability to sudden and severe injuries, and rapid and detached movements, which render it advisable to have medical aid with the unit at all times ready for emergencies. The fact is, such a medical officer is simply a detached portion of the divisional field hospital attached for convenience to the unit, and it is our interest to make him as complete as we can, to enable him to treat trivial cases altogether, and to render first aid to serious cases in an efficient manner. It is our interest, while keeping within these lines, to complete the temporary regimental aid to a good standard, by giving medicine panniers, an hospital sergeant from the Army Hospital Corps, an ambulance waggon, and some few cooking utensils, so that the medical officer may not be useless if detached. Even if no accidents or casualties occur, a medical officer aids the *morale* of the soldier, and he himself is prevented from going to grief from sheer idleness by the campaign being, as a rule, short.

In peace all this would be reversed. It would be a complete waste of a physician to allow such a man to spend his years looking after the few men of a battery, or engineer company, and nowadays even a battalion, if not on the roster for foreign service, is but a tiny group of men. Such a medical officer, attached *pro tem* to a corps, would be rapidly going to the bad from idleness. He would not do duty in the garrison hospital unless it so pleased him, for an intelligent idle man would so play off his medical superiors against his military superiors that he would do only what pleased himself, and that would be very little in some cases. Shut off, then, from hospital duty, he would be merely an inspector of prisoners, and would send sick soldiers to hospital for treatment. But it is said he would be a sanitary officer and the physician of the sick officers. This is quite questionable. Placed by himself in a battalion he would find it difficult to act independently as a sanitary officer—a post needing great independence of character and real ability. The petty sanitary questions of a battery would not keep a man employed, and in a battalion his recommendations would not compare for value and weight with those of the sanitary officer now generally existing for the garrison as a whole. To say that he would be the physician of the officers is also questionable, for the true physician for the officers of the garrison is the specially chosen,

specially qualified, and absolutely efficient garrison staff surgeon, whom we all ask should be appointed for five years to a garrison to look after sick officers and their families.

Medical officers asking to be appointed to battalions would also be as a rule young men, to whom the glamour of a regimental appointment would be attractive; but such young men would often fail to command the confidence of officers' wives and families, and certainly could not compare with a chosen officer of special endowments, whom it is the absolute interest of the army to demand for each garrison. When we remember also the difficulties about foreign service, about detachments, about the frequent changes from battalion to battalion a soldier now undergoes, and when we bear in mind the frictions about mess subscriptions, band subscriptions, and general status in battalions that would certainly arise, it is better to let the question drop. We can make the garrison hospitals every day more efficient, and far more really useful than ever the old regimental hospitals were, and by the garrison staff surgeon system we can produce a far more efficient physician for the sick officers than the chance chosen officer which the regimental medical officer would be under this proposed system. Into such easy and idle billets a certain number of young men would go for the sake of the supposed honour of belonging to a corps, and a certain number of seniors desirous of an easy, idle life would also contend for such appointments. They would never attract the best men, as no senior officer after serving in such an unimportant post for five years would ever command the confidence of his brother medical officers if placed in responsible posts afterwards. We have had quite enough of the ill effects on efficiency resulting from the old regimental system, where at any rate a medical officer had an hospital and a medical officer and some orderlies under him, and some large questions to deal with, to learn us to avoid reproducing a kind of sham representative of the old regimental surgeon, who must from the very nature of his post be almost inefficient from a professional point of view. In a campaign we will give to every unit a medical officer as a representative of our corps, and we can guarantee his average efficiency, but if it be in the power of any medical officer to hide himself for five years in a petty appointment without any hospital work or any medical duties properly so called, then we will have in the very heart of the medical service a deadly and fatal wound which in the end will kill our efficiency, and by so doing injure to a great degree the comfort and the efficiency of the army as a whole, and of every individual in it.

122. **Decorations.**—Very much heartburning has existed for years in the Army Medical Department at the rule which places them on a footing of inequality with the combatant officers as regards decorations. Nothing would be gained by dragging up examples of the extraordinary inequality of the rewards received by officers taking part in the same campaign, sharing the same dangers, and naturally expecting the same rewards. So long as this inequality exists, so long will agitation and dissatisfaction also exist. We want complete equality of treatment with the army of which we are an essential part, and which could not exist without us. The way to achieve this is as regards decorations

to allot so many to the medical corps of the army on exactly the same proportion as the combatants receive theirs. Thus, if 10,000 combatant officers receive 500 decorations, how many should 1,000 medical officers receive? These decorations should be published to the army, so that the whole army would know how many were available, and in the case of the medical service the Director-General should have a very large discretionary power in the recommendations. We must be silent if he decides. He is our chief, our spokesman, our representative, and we must stand by his decisions. He must reward and he must punish. It is the logical outcome of our new organisation, and we must accept the position, like it how we may. There is without doubt at present a feeling of unrest and doubt as to who is really responsible for the paucity of our rewards. The Secretary of State for War, the Commander-in-Chief, the Director-General, the various commanders great and small in the field, are all supposed to have it in their power to give or to withhold our decorations. We would be benefited by knowing who is finally responsible, and by knowing exactly what proportion we should receive. It would stop all idle clamour, silence grumblers, and remove the whole matter from the secrecy and mystery of the present condition to the clear light of day.

But no class of any order should be withheld from us. We want a fair field and no favour, and if we win we want the prize, and if we fail we fail. The G.C.B. has never yet been given to us, and we need to have it absolutely open to us, all rules to the contrary to be cleared away, and an open course left to us for the race. If this cannot be done, and we are to go on as at present, ignorant of who is our rewarder, doubting now, hoping then, ever in fear that none may come, then we would be far happier with none. The chaplains receive no orders. We must learn to exist without them, only we need the whole thing to be made clear. A warrant would be issued stating that we should receive no decorations, but that the love, the regard, and the esteem of the sick of the army should be our true reward. We would then, at any rate, know how we stood, and heart-burnings would cease, and we would live more than ever for other ideals.

The day, however, is not far distant, nay, it is now come, when the service of humanity must have its reward. A chivalrous order of the Red Cross, with all the hierarchy of knighthood, will assuredly one day arise for the rewarding of services rendered to the sick and the suffering. The past ideals of feudalism must give way to the nobler feelings of the present day, and the men who serve in the cause of human suffering must come to the front.

England might well lead the way in such a work, and we army surgeons, putting on one side the badges of the old knighthoods, might aspire to that new chivalry of the Red Cross, which is doing so much to alleviate human suffering.

If thought desirable, the Albert Medal could be expanded into an Order, with a definite grading of knights, and called the Order of Albert, and thus perpetuate for ever the name of a prince in so many ways an ideal that all may copy. Very recently we saw the Order of the Bath extended to reward the volunteers. No difficulty

apparently existed in accomplishing this most excellent step. It could also expand for us, and a definite share of G.C.B.'s, K.C.B.'s, and C.B.'s, be allotted to us, and all complaints would then cease.

123. **Medical officers' messes and library arrangements.**—The more one studies the facts concerning the introduction of unification into the army the more one sees with what complete absence of tact or sympathy it was forced on the service. No one who discusses the question of organization calmly and logically but must have seen that a non-regimental or divisional system was the only true system on which to work, but unfortunately a system in itself intrinsically good was rendered unpopular with the army and the medical officers by the inconsiderate method employed in introducing it. If ever an example of levelling downwards is needed, the introduction of this system in the army is a case in point. We lost at once the honour of belonging in a way to distinguished corps, our servants, our messes, our fair and equalised uniform, and in return we got literally nothing. How, then, could a system of such levelling downwards be popular? We all see that if in March, 1873, when the new system was introduced, if the medical department had been made, as it well deserved to be, into a Royal corps, that the opposition of the medical officers would have been much disarmed.

The whole of the staff doctors would have been raised upwards, and the regimental medical officers coming from many Royal corps, would have simply stepped from one Royal corps into another.

This, however, was not done, and it would be impossible to say how much this neglect, this want of consideration, this want of tact, has cost the English taxpayer, that final court of appeal to whom all must bow. The fact of the medical service being made a Royal corps would have rung through every village in England, for in every village in the land is dwelling some civil physician who watches with a sympathetic eye the pains, the toils, the defeats and the successes which we, his soldiering brothers, endure. It would have brought to our service a crowd of high-spirited, chivalrous, and gallant gentlemen, who would have won for us an honoured name, and brought to the bedside of the sick soldier all the sympathy and all the devotion which men full of *esprit de corps* can develop. But it was not to be, and we were pained beyond measure to see the system which we all saw was alone the pathway to success, rendered unpopular, not by its inherent condition, but by the complete absence of consideration by which it was introduced. To level downwards is ever painful, and with us it has been most intensely so. It would be absolutely impossible to picture in any way the positive suffering we have undergone in those ten most bitter years. What wonder that it has injured our *esprit de corps*, for how could so tender a flower survive so rude a storm?

One of the most serious causes of our suffering has been our complete absence of any mess establishments. It would be quite impossible for me to tell what an amount of suffering and break-down of personal self-respect this absence has caused, and there is no need now to chronicle our painful conditions in the last few years. We have been literally rendered homeless, and I could easily indite here stories of absolute suffering from this one cause that would at once show

reason why this most important branch of the public service has been unpopular.

There is, however, no need for that now, but it is clearly one's duty to say that if the question of our messes is not dealt with in a wide, liberal, and completely English spirit, no settlement of the question of the medical service can be arrived at. It is now absolutely essential that at the headquarters of every military district, and in every large garrison, a regular allowance for a medical officers' mess be granted, exactly as the allowance is granted to infantry and cavalry regiments.

With such an allowance, varying from £200 to £300 a year, for, say, ten large garrisons, it would be possible to silence the just and legitimate complaints of the medical officers, and it would in a short time give us a centre of life, of discipline, and of *esprit de corps* which would be of immense value to us all, and also to the sick soldier who is depending on our efficiency and our devotion to duty for kind treatment. To allow our young officers to grow up in the army without any bond of comradeship, or social friendliness, would be fatal to all efficiency. It is absolutely essential that we meet together and that we build up a high *esprit de corps*. This can never be done while we are scattered in lodgings in every garrison town, and whatever brings us together must do us much good.

The cost is absolutely as nothing, and we may safely say that if it is not done the absolute unpopularity of the medical service will prevent medical men from entering it, and in a few years again a new warrant will be given us, bribing us by heavier pay and heavier allowances to enter an unpopular service. Why not, then, listen to our prayer, and treat us exactly like any other regiment in garrison? The cost is quite trifling, the good to come of it must be great.

This proposal if carried out would also enable us to appeal with more force to the Minister of War against certain regiments which have made it a rule to refuse the honorary membership of their messes to various classes of officers simply as such in the army. Such a system of petty exclusiveness shall not exist in the army, and whether it be applied by European regiments in India to native corps, by cavalry to infantry, or by special regiments to other non-special regiments, the War Minister should be able to protect each and every officer of the army from being excluded from messes by special regulations. If an officer is commissioned by the Queen, he should have the *entree* as a right into any mess, and if he is refused he should have an appeal to a court of honour, and if not judged suitable should not remain in the army. If, however, the regimental mess is too close an institution, and cannot expand to receive any commissioned officer, then the War Minister should be able to withdraw from it all public money or grants, for it should not be possible for any body of officers to combine to exclude any other body of officers simply as such, and use as a means the allowances granted by the State. We are, I believe, only anxious to organise our own messes in the larger garrisons and to take part in all the social duties of the life we belong to, but to do so we need the same financial aid from the State as is given to every other corps. The fact of our drawing a somewhat higher allowance of coal is an absurd argument against our demands. Men do not live by coal alone, and if coal could

have made us happy we would long ago have been so. Let us now, after years of suffering, find a home in messes of our own. Efforts have been made in some garrisons by the medical officers themselves, at great self-sacrifice and much personal cost, to organise messes for the medical officers. It is absurd to say that we should not receive mess allowances, or to compare us in any way with other branches of the administrative staff of the army. In other departments the officers are, as a rule, older men, nearly always married, and few in number in a garrison. We, on the contrary, are a corps in which a great number of young officers enter direct from civil life, and being unmarried have need of a meeting place. It is quite possible that from a certain number of men there might be complaints at having to join a mess, but any one knowing army life must admit that a properly organised mess is a great aid to discipline and comradeship.

Garrison messes are spoken of as being in the immediate future. They may come or they may not, but what we certainly need are suitable meeting places and mess places in the great military centres.

The same remarks apply very much to medical libraries. We receive literally no aid from the State in supplying ourselves with professional books, which are in themselves very expensive, extremely unportable, and they should doubtless be provided for us in certain amount in the great military stations. A few hundred pounds so expended annually would repay the cost well in increased professional efficiency and the development of medical knowledge.

124. **Soldier servants.**—Among the various minor points which need to be settled in favour of the medical officers is the question of soldier servants. At present a medical officer while serving in a military hospital is compelled to employ a trained Army Hospital Corps soldier as a servant, and as the soldier is entitled to extra departmental pay the medical officer who employs him is forced to make good his departmental pay, as well as to pay him his ordinary servant's wages. This is very unfair, and, indeed, the whole question of employing trained Army Hospital Corps as servants is open to question. Everything seems to point to having a junior grade of Army Hospital Corps men in our army who would do all the fatigues and non-nursing work of a hospital, the same class to furnish officers' servants. The want of a servant is a very great injury to efficiency, and, in a hospital if a medical officer is not supplied with a servant of his own, there is the great danger that he may employ a nurse or efficient orderly to attend upon himself to the injury of the hospital efficiency. It might also be possible to have men from the Army Reserve employed as personal servants and grooms to officers, and borne as supernumeraries in the Army Hospital Corps during such service. The question is of importance, and needs to be dealt with in a fair spirit.

125. **The rank and pay of the Director-General.**—The great responsibilities of the officer who fills the arduous part of Director-General demand that his status and emoluments should be proportionate to his duties.

To-day this is far from being the case. While the whole of his corps have had their pay and rank placed on a better footing, the chief officer, on whom so much depends, and who every day becomes a more

important officer in the estimation of his department, remains poorly paid, and with army rank the same as the chief surgeon of Portsmouth garrison or Gibraltar. This is quite defeneeless. The highest relative rank he can attain is that of Major-General, and even on retirement no step of honorary rank is grauted.

Every one feels that the rank of the Direetor-General should be at least one grade higher than the officers he commands. Serving under his orders, and liable to his controllig power, are some dozeu officers, all of equal grade with himself. This is quite irregular and unusual in military life, and the experiences of military life are pregnant with instruction for all of us. We do wrong to leave these army lines. We eaunot gain much from a new departure. It is now absolutely possible for the Director-General to have to serve in the army junior in status and rank to one of his owu junior officers, and this would occur if the Director-General was ehosen from the juunior Surgeon-Generals. He would rank only as a Major-General from the date of his commission as Surgeon-General, and would thus be juunior to the senior Surgeon-Generals.

The Director-General should then on reaching this high post be raised to rank as Lientenant-General, and be paid exactly ou the same scale as the Adjutant-General of the army, and on his retirement from the service, if he has earned the approbation of his Sovereign, he should receive the rank of General in the army. Until the Direetor-General reeeives this rank of Lieutenant-General, it is said he would not be eligible for the G.C.B., and that decoration should certainly be within his reach. Every day renders the post of Director-General more important, and the tendency of the uification system is to give him more and more power. To meet these heavy demaunds upon him, higher pay and more suitable status should be his, and would have been long ago had the occupants of the office been at all self-seeking. The Surgeon-Generals should also on retirement be eligible for a step of honorary rank, as are all officers in the army who do good serviee.

But, at present, when an officer reaches the high grade of a Surgeon-General, he is deprived of any chance of getting an extra step on retirement, because a Surgeon-General has no higher departmental rank to obtain; but the way to meet the difficulty is to grant to the retiring officer the rank of Lieutenant-General, or a grade one step higher than his former grade of Major-General.

126. Status of principal medical officer of a division; tenure of office; an Inspector-General of hospitals.—Much uncertainty exists as to the exact status of the principal medical officer of a division or district with the general commanding that force. One general will treat the principal medical officer as his staff officer, another will not acknowledge that position in any way.

It is absolutely necessary to define the status so that neither general or principal medical officer eau go astray on the point, and that there can be an appeal for fair treatment on both sides. It is universally admitted that in view of the confidential nature of the relations between the principal medieal officer and his general, that the principal medical officer should be regularly recognized as the medical staff officer of the division, and have all the advantage of that status.

That on every occasion the place of the principal medical officer should be with the general's staff, and on all parade, ceremonial, or state occasions the same position should be recognised.

Constant complaints are made as to the exclusion of the principal medical officer, and with him of all representation of the medical service at ceremonies or official gatherings. One general will overwhelm the principal medical officer with attention, another will not recognise the position at all. We want definition and certainty for caprice and uncertainty. Thus in all inspection parades or ceremonies the place of the principal medical officer and his secretary should be as recognised as the place of the colonels commanding the artillery or engineers is recognised, and if that is done no complaint can arise.

We have all seen the very greatest heartburnings and complaints developed by this very petty question.

In fact many of these grievances are great because they are so small, that is to say, the remedy is so easy, so just, and so readily applied that the grievance seems all the greater that it is not removed.

These questions must be dealt with, if not they give rise to an amount of ill feeling and petty jealousy which is very injurious to efficiency and which injures our *morale* very much. Of the need of a secretary or staff officer of a principal medical officer of a division there is abundant evidence, and we have dealt with the point separately.

The tenure of office of a Deputy Surgeon-General should be limited in nature, and the five years' rule applied to this as to all army staff appointments, with the power in the hands of the authorities of continuing the appointment for a second term.

This rule would quicken the whole inner departmental life, and would give the authorities power to remove without offence any unsuitable men. To-day owing to the fixity of tenure which the principal medical officers now have, there is no stimulus to active work. Human nature is weak and needs stimulus. That stimulus in civil life comes from the struggle to exist, in organized institutions it comes from the power of chiefs and seniors to promote or select. If it is needed in the army generally it is also needed to its full extent with us.

Following up the same line, we have great need of a distinct and separate Inspector-General of hospitals who would constantly be on the move, inspecting the district working, and reporting to the Director-General or the War Secretary on the efficiency of the hospitals and their staff. No such officer as a special appointment exists, and in consequence it must be difficult for the authorities to receive special reports on the district working, as the reports now received come from the responsible officers and not from supervising chiefs.

Such an officer would be an immense aid to efficiency, and he could be developed by removing the Surgeon-General of the Portsmouth division and relieving him by the Deputy Surgeon-General at Aldershot.

By this means no extra expenso would be incurred, and none have ever denied that it would be a real advantage in our efforts at efficiency.

127.—**Secretaries or staff officers to principal medical officers.**—When people wonder why unification has not worked perfectly in all our campaigns since 1873 they would have little difficulty in finding out the reason why if they studied the question. The truth is medical unification has never yet had the chance of succeeding. It has been hopelessly handicapped by want of essentials in carrying it out. Take, for example, the subject we are now referring to, that is, the need of a secretary or staff officer for principal medical officers of divisions in war and districts in peace. A division in our small army will always be an important unit of force, and the duties connected with its administration considerable.

We find that the military officer commanding it has a large staff assisting him, and every head of department under him has a staff officer to assist him in the duties of his position. Thus, the officer commanding the artillery of a division has an adjutant acting as secretary and assistant. The commanding engineer has a staff officer, and so on. But when we come to the principal medical officer of the division we find he is quite alone, single-handed, overburdened with petty detail, quite devoid of efficient clerical assistance, and thoroughly handicapped in consequence.

I could fill pages with stories collected in field service of the positive injury done to our efficiency by this extraordinary and really inexplicable state of affairs. A school of critics are perpetually telling us to be professional, yet they send a chief physician of a division into the field, and his whole time is spent in totalling up statistics, signing ration documents, and carrying out petty, unimportant, and absolutely routine detail. Sydney Herbert could never understand why our chief surgeons in the army were so much statistical compilers, and so little physicians and surgeons; but the fact is that unless you give this chief physician a responsible secretary or staff officer, qualified to do the detail work, and to fill up the voids often found in a single man, the chief physician will have to do the work of detail himself. We see the same thing exactly in peace in the districts. A principal medical officer who might be the consulting physician or surgeon of a large district is really tied down to purely clerical detail work, and as a consequence professional efficiency suffers. Again, it is an immense training to a young officer to act as secretary, and it trains him as an adjutant is trained for important work as he grows more senior. Such training we never receive. Our chiefs alone in the army work single-handed or assisted by sergeants as clerks, and the result is not good. In the field we have over and over again seen the evils caused by this system. One rides in from a distant camp to ask advice of the principal medical officer. He may be away on some duty, and who is in his office? some dull and heavy sergeant, who is of course unable to give any advice or to explain the wishes of the principal medical officer. How different if one found there, as one would in every other office, an intelligent and responsible officer in the confidence of his chief, knowing his desires, able to advise with him, and to assist him in various duties. Again, a secretary being a younger officer, it is far easier to influence him, to explain defects in some scheme, or suggest remedies. This one cannot do to a senior officer without imminent risk of friction.

But a secretary can often influence his chief and lay before him other sides of the question. No officer commanding a regiment is asked to work without an adjutant, and we in our divisional grouping are really a regiment, and need exactly the same staff.

Also it must be stated that it is highly unfair and unjust on us to have no officer dealing with our correspondence and our confidential letters. I have seen letters which in any other corps would be carefully dealt with by a trusted officer, and never allowed into the hands of a sergeant, allowed by principal medical officers to be copied and sent about by mere clerks, who no doubt would circulate the whole contents to their friends at the sergeants' mess at any opportunity.

We need to have with each principal medical officer of a district an officer as personal assistant or secretary or staff officer, and in this demand I have found every officer to agree.

It is absolutely essential, and without it the edifice of unification cannot be built up. One appeals with confidence to the entire army on this point. Every one agrees with the idea, and wonders why it is not put in force.

128. Staff surgeons in garrisons. Medical attendance on officers, women and children.—Few persons will deny but that by the system of garrison hospitals the general average of treatment received by the sick soldier has been raised from a professional point of view. The collection of medical officers in one place for the treatment of the sick has developed a higher professional average than was likely in the old days when little battery or detached regimental hospitals existed. At any rate it is possible by the appointment of efficient chief surgeons to the hospitals to ensure the work being thoroughly done, and in patients collected in a hospital very easy inspection by directing medical officers is possible.

In a hospital it is actually possible to ensure efficient discharge of duties, it is quite the reverse outside its walls. The treatment of sick officers, their families, women and children, will always be a most responsible post in our medical service, and will always be a heavier and more trying task, if the duty be properly done, than the attendance of sick in a hospital where nursing is easy and trained assistance ready to hand. Considerable complaints have been made since the introduction of unification on this head that the officers have not been well attended to, owing mainly to the change of medical officers. It must be remembered that the duty is not a popular one, and is often very wearying and exhausting, and as the pay is the same for hospital duty as for outside duty, there will ever be a tendency to avoid the outside work and claim hospital duties. The way to meet this is absolutely easy. It is essential for the treatment of sick officers to have the post of garrison staff surgeon appointed exactly as in the Indian garrisons. Such a specially chosen officer of high professional attainments, and desirous to do such work can easily be found, but it is necessary to secure him in his appointment for three or five years, and grant him a special extra pay and forage allowance while doing the work. I venture to think that in a few months such an officer of known professional attainments, and we can produce many such, would soon gather to him-

self the confidence of the sick officers of any garrison he was posted to. But the labourer is worthy of his hire, and he should be so paid by extra forage allowance and a good house, that to remove him from his post would be a real punishment.

To remove a man to-day from the charge of sick officers, women and children is absolutely a boon, as the work is heavy, and the pay actually the same as if at hospital duty. This system is working in India, and the post is eagerly sought for, and commands the best men in every garrison. Besides it stops the complaints of some army doctors, who say that little is done to develop professional efficiency. This system would sort out, as it were, the devoted professional officers, and give them, at small cost, a post where devoted work might be done.

Such an officer, occupying a special house and not changing from year to year, would soon be known to all, and it would be far better for the officers of the army to claim the appointment of such special men than to ask for a chance medical officer per corps, who might or might not be efficient, and whose youth and inexperience would fail to satisfy the demands of his patients.

129. Netley as our chief centre. Its professorships.—The whole tendency of unification is to weld the army medical service into a compact corps full of devotion to duty, and so jealous of its good name as to crush out by its own inherent force all inefficiency or neglect of the high duties to humanity the service is called on to perform.

Netley, however questionable its situation may be, is at present our chief centre, and it is absolutely important that there at a great hospital and not in a military camp our young soldiers of the Hospital Corps should begin their service.

The hospital training is so thoroughly essential that it is the very *raison d'être* of the Hospital Corps. In the same way the training of the young medical officers should be made complete at Netley, and should advance regularly from the first day of joining the hospital there until the course of instruction is complete. This would lengthen the course at Netley from four to six months, but two months of that time would be taken up by ambulance and corps drill, which is absolutely essential to be studied by every army surgeon.

There is great need there of regular teaching in hospital administration and organization, for army medical officers are essentially hospital administrators as well as physicians and surgeons. Netley should be made more than ever a regular military school where military discipline would be taught systematically by lecture and routine. This is very essential. Riding would also be taught there, as it now is at Aldershot.

The most important point about Netley we leave to the last—that is, the appointment of the professors there. The existing professors have done for us a great work, and have given a distinct impress to the whole medical service. We can never forget what we owe to the Netley teaching.

For the purpose of stimulating the professional life of the Medical Corps it is advisable to throw open the professorships at Netley to the department, and to place them exactly on the footing of Woolwich and Sandhurst, being held for seven years at a time, and the professors

then reverting to military duty. So long as the appointments are half pay or retired appointments the average medical officer will look upon them as beyond his reach, and may fail to work for such a post. They should be open to the department in the fullest way, that is, an officer of any seniority should be eligible for them. This system would stimulate the whole corps, and the reversion of such professors to military duty would leaven the whole department with highly efficient professional men. It would also silence the complaints of the medical officers that no stimulus was given to professional efficiency. A professional paper for the department is also needed, and no doubt Netley should be its centre and home. Such a journal is much wanted to circulate the special knowledge of military hospital practice and routine through the department. The withdrawal of the medical blue books from the medical officers was a short-sighted policy, and now their place can be taken by the journal proposed. It should be a journal issued like the professional papers of the Royal Artillery and Royal Engineers. The State would pay the secretary who would edit them exactly as the State pays the part salary of the Engineer and Artillery secretaries. The medical officers by their subscriptions annually would pay the greater portion of the expense.

Any expenditure in this direction by the State is not lost; it well repays itself, and no Parliament would object to such an item in the estimates.

130. **The Guards' medical appointments and a metropolitan hospital.**—One great want which we all complain of is the absence of any large metropolitan military hospital where army medical officers, returning from foreign service might do duty if so selected, and at the same time have the advantage of keeping touch of the civil medical schools. We are very much handicapped in our medical proficiency by our long foreign services in remote garrisons all over the world, where new ideas and new views of physic with difficulty penetrate. With such a metropolitan military hospital as we refer to here, much of this difficulty might be met; and there is room for a large military hospital for the Guards and other troops quartered in and about London. Chelsea hospital could no doubt be modified for such a purpose, and the whole of the military sick of London might be concentrated there. Room could also be found in that spacious hospital for accommodation for sick officers from abroad or from different parts of England, who might desire to have the advice of special doctors. The want of accommodation for sick officers is always noticed in our garrisons, and should be rectified. To provide a staff for this great London hospital the medical appointment of the guards should be given for three or five years at a time to specially chosen officers of the medical service, as a reward for good service done, nominating, if needed, a special staff surgeon or two to look after the sick officers of the troops in London. In this way the guards' appointments instead of being as now merely appointments given to men with interest, would become rewards for men who had served England well, and borne in distant lands the burden and toil of the day. This number of appointments would be a great stimulus to us all, and the expense to the country would be *nil* as the existing incumbents would be gradually replaced by the new men. Into this

great metropolitan hospital any accidents happening in the neighbourhood to civilians might be treated.

131. The Netley band.—The story of the Netley band is in itself full of instruction for all as showing the disabilities the medical officers of the army endure.

Some years ago it was felt that at Netley, the great head-quarters of our corps, and also a vast hospital full of ailing men, a military band would be a great pleasure to all, and to none more than to the many convalescents who wander through its grounds. We accordingly subscribed as a department to such an organisation. However, on referring the idea to the military authorities, they, it is said, decided that if we paid for the band the military commandant at Netley, an officer who has no connection whatever with the medical corps, should command it, and that it should play only at his pleasure.

We consequently withdrew from the idea, and the money subscribed was given to various corps charities, and the sick and convalescents wander through Netley grounds without music, because we who were willing to pay would not be allowed to direct. The loser was, as usual, the sick soldier; but it is now possible to make up for the past, and let us have a band at Netley. The cost will be trifling and the boon considerable.

132. The detail and strength of an English Field Hospital.—The unit of our new organization in the medical service is a field hospital. It is intended for 200 sick soldiers, and should have a staff suitable for this amount. At present it is lamentably below the proper strength needed for such a duty. The staff of nurses and subordinates is thirty-seven in number. Of this fifteen are stewards, cooks, storekeepers, clerks, and compounders, leaving twenty-two for nursing duties.

This gives one nursing orderly for every nine sick men. It is quite insufficient for war. In the naval hospitals one nurse per seven sick is given, and in a war hospital one nurse for five is needed. The strength of the whole should be increased, then, from twenty-two nurses to forty nurses, to enable justice to be done. But there is no messenger to go with letters, no means of communicating with officials, as must be done in war or peace. There are neither watermen nor washermen, nor are there any sanitary police. This causes excessive overwork.

We need, then, a very large proportion of non-nursing staff added to a hospital for war service. At present the 200-bed field hospital breaks up into two half hospitals, but by adding one water cart and one medicine cart more it would break up into four sections for fifty each, a most useful unit for war or peace. Each of these four sections should be complete in its detail, and would need one wardmaster as chief nurse and overseer. Thus :

- 1 wardmaster.
- 1 storckeeper.
- 1 compounder.
- 1 clerk.
- 10 nurses, 1 per 5 sick.
- 2 cooks.
- 2 washermen.
- 2 watermen.
- 2 pioneers or sanitary police.
- 1 messenger.

23 total for 50 sick.

This multiplied by 4 for each section would give 92 men for a 200-bed hospital, and a sergeant-major and quartermaster-sergeant would be also needed. This is what is needed for good work, and this is what we should ask for. If England refuses it, well and good, we must do the best we can without, but we should ask freely for help, and thus avoid the risk of break-down. It may be possible to cut off a man or two, and to compel men to do double duty. In the long run it does not pay, and it is better to be liberal and just and avoid the chance of complaints as to the comfort of the sick in the field of which we hear, and which must occur if men are overworked. At present there are four equipment waggons and four general service waggons with each field hospital, but only two water carts and two medicine carts, but by adding two water carts and two medicine carts we could break up into four sections instead of two, as at present. If a field hospital cannot break up it is well nigh useless, and by dividing it into four sections we favour very much its subdivision.

The transport for these waggons should belong to the medical corps, and it is to be remembered that no provision whatever is made in our army for transport for sick if a hospital marches. This needs to be remedied, and a certain proportion of ambulance waggons are needed with each field hospital, quite apart from the bearer companies. It is essential that we have a field hospital with the above, *personnel* and *materiel*, at Aldershot, kept ready so that we and all the army may know what it is; and at autumn manœuvres, if we cannot mobilise a whole field hospital, we ought to mobilise a section with each division, and thus prepare in peace for war. We should be able in many small garrisons to mobilise a section hospital for fifty beds, and it would be better to hire the transport once a year, and let us see the hospital at work than to keep us quite ignorant of it until war breaks out.

133. The number of bearer companies with an army corps.—One of the most valuable boons ever given to the soldier in war was the institution of the Bearer Company, a definite army unit trained to the systematic removal of the wounded from the battle field. It is a vast pity that it has not been more studied by military leaders, as it is an immense aid to the *morale* of the soldier. As far as I have seen, few military officers of the army have taken the trouble to study it, and certainly the drill and organization needed for its proper working has been the subject of rather absurd criticism by men who never troubled themselves to find out what it meant. It is an immense blessing for

the rank and file of the army, those who in every campaign suffer most by war injuries and diseases. For it cannot be too often repeated that the whole question of the efficiency of the medical service is essentially a question for the rank and file of the army. They are compelled to trust to our efficiency, and it is on them the whole weight of our inefficiency falls in peace as in war. They cannot command private medical advice, they have no comfortable quarters to remain in if ill, and they and their wives and children are entirely at the mercy of our good or bad service. For the officer private advice can easily be obtained, leave is easily granted, his private servant can attend him, and in war his position attracts sympathy, and he can often secure abundant attention. It is entirely of importance that the private soldier should be valuable in our eyes as the measure of his comfort is the measure of our efficiency.

At present four Bearer Companies are allowed to an English army corps, viz. one per division, and one for the corps details. These companies are only allowed ten ambulance waggons, carrying in all sixty patients, or a total of 240 for an army corps. Of course each company is allowed twenty-three other waggons, which, it is said, may be obtained "*locally*," but we know too well what this means. It means *not obtaining* them. It seems very unreasonable that while special waggons are provided to carry soldier's baggage, that the soldier himself, if wounded, may be carried in any cart found available. This is quite wrong, and hopelessly out of date, from a humanitarian point of view. Let the "chance cart" go to the military authorities to carry stores, we need the regular ambulance cart with proper appliances. Anything less it would be absurd to take, and it shows how behind the age such ideas are, that a sick convoy, which is probably one of the saddest sights this world has ever seen, should be made sadder still by the unfortunate victims being jolted in chance carts, while shot and shell and food for the soldier have special provision and regular carts made for them. We need, then, to have the twenty-three waggons of the second line of the Bearer Company provided from regular ambulance waggons. We need also that to every military unit an ambulance wagon be added to carry sick to and from hospital, this would entail the addition of an ambulance wagon to each battalion of infantry and regiment of cavalry and company of engineers. It should form part of the regimental transport on mobilization.

But we come now to a far more serious want. Four bearer companies are in themselves a very small amount of help for an army corps, and it is probable that we shall find that a fifth and sixth company will be needed for the front line of the army corps, quite apart from the service of the line of communications. There is absolutely an enormous dearth of sick carriage in all our army schemes.

The four, or as we say above, six bearer companies would be fully employed in the transport of wounded in the front, and there is not a single cart or wagon provided for the evacuation of the wounded to the base. The field hospitals along the line of communication have literally no transport whatever provided for their evacuation.

This is a most serious matter and would in any campaign lead to immense suffering and just outburst of public feeling. We need to

have under the general and the surgeon general of the line of communication, two or more complete Bearer Companies with waggons for removing sick and wounded to the base, and the *personnel* of a third company without waggons for the purpose of manning the ambulance trains on the railways which must occupy an important position in future wars. At present there is no provision for any such men, and a strong company is needed for the work. If it is not provided where are the attendants to come from, not from the regiments, not from the hospitals, already few, not from the few Bearer Companies, and they will thus be absent if not provided for. If war is to be made all these provisions are needed, and if we can prevent war being made so much the better. In all the old wars the officers, few in number, had their wants provided for either by their own means or by the generals in command, but now we measure medical efficiency by the medical aid that reaches that last footsore private soldier painfully toiling in the rear of the column.

The medical assistance that reaches him is the measure of our efficient arrangements.

We need then to have at Aldershot in peace a well organised and complete Bearer Company as a pattern, and a training school for us all. That company should when war breaks out break up into sections to be the centres of other companies, and to rally the reserve men to efficient work.

We can obtain for these companies good men by carrying out with regularity the training of the regimental bearers in peace time. These men on being recalled from the reserve will do well for the Bearer Companies. With these companies all the medical officers and many sergeants would be mounted to enable them to be quick and prompt in giving aid to the wounded, and on the march to keep the convoy together and to supervise its discipline.

If there be a place where the flood of human misery rises high it is in a convoy of sick and wounded men being dragged by poor carts over bad roads in the trying weather of winter.

There is no doubt also the need of a certain amount of ambulance waggons with each field hospital for the conveyance of sick to and from the hospital, and the removal of the patients if the hospital marches.

134. **The materiel of the medical service.**—Much reform is needed in our *materiel* to make it more generally useful under the varied demands of an English army. We must not copy blindly German or Continental equipment, but must choose some unit that will do also for Afghanistan, Ashantee, Zululand, or Egypt. Measured by this standard, the mule pannier is the ideal unit for a load. It will pack easily into a large waggon or a small waggon according to number.

It will ride on a mule in pairs, or be carried singly by two native carriers. We seem to need to have all our *materiel* packed in peace in such boxes. Our elaborate pharmacy waggons, however useful in France or Germany, are of no value in Afghanistan or Ashantee; we need a general service unit, and the mule pannier seems that unit. We can then utilise any waggon or any pack animal or human agency for carriage. We need also compressed drugs, made up like cartridges, and a large formulary of dry, compressed globules for medical work.

We should utilise all modern improvements in thus equipping our hospitals, and supply all our bearers with the means of helping the wounded. Every unit needs the medicine panniers, and it would be better to give a field companion to every company than to let there be any complaints as to want of drugs. "Decentralize" should be our motto. To deal with all these questions of *materiel* there should be a regularly appointed "Medical Equipment Standing Committee," nominated like the ordnance committee or the engineer committee, and reporting at intervals on improvements needed.

The equipments for each field hospital should be kept not in a central arsenal but at each large military centre, ready to embark with the men for the field.

135. Medical transport in the field.—It is quite lost time even thinking about medical war organization unless the subject of transport is thoroughly gone into and settled on a defined basis. All our ills in every campaign are to be laid in a great measure on the want of this most essential element of success. We need, above all things, a definite fixed proportion of medical transport, wholly our own, and serving under the orders of the chief surgeon of the army. It would be easy to fill pages with stories of the sufferings to the sick the want of this element in our armies has caused. We need now to have a regular medical transport branch of the Army Hospital Corps, enlisted on the same lines, wearing the same uniform, and forming the nucleus in peace of a large reserve for war. It is from the reserves we must expect our greatest help in this essential element.

No field hospital or bearer company should leave England without its transport with it, so that on landing in the enemy's country it may at once begin work. The field hospital at Aldershot and the bearer company there should be fully horsed and equipped, and from it men should pass rapidly into the reserve, ready to be recalled in war time for medical transport duties. In the same way all the ambulances in each district should be driven in peace by medical transport men, who would at a war mobilization concentrate at the headquarters of a district and thus equip the district hospital with transport, aided of course by the reserve men coming in, and by an inscription of horses, which is easily arranged for in peace.

This would provide for the transport needed for the field hospitals, but a like work is needed for the many bearer companies needed for the convoys and removal of wounded.

These would also need their own transport, supplemented by the general and local transport service of the army. It might also be possible for the State by a retaining fee to utilise the drivers of the civil ambulance waggons now so often used in municipalities. What is needed is small peace establishments and reserves ready for the field if needed. The horses needed for transport of wounded need not be highly trained, and even the drivers could come direct from civil employ without much extra training.

Discipline, of course, is needed, but in the field discipline is more easily maintained than in the idle times of peace.

136. The localization of field hospitals in districts.—Great advantages would, it is very certain, accrue to our medical corps, if the

system of localization was applied to it. The recent lesson of our Egyptian campaign and the mobilization on a small scale it rendered necessary should not be lost.

We saw all the field hospital staffs concentrated at Aldershot, and there detailed into units. Such a system would be impossible in any great war. Centralization is ever a bad thing, and decentralization wherever possible should be encouraged.

It is quite possible, and even of enormous advantage in the present case. Let us take Woolwich as an example. From Woolwich garrison during the Egyptian campaign there went away to the field many medical officers and many of the Army Hospital Corps. But they were all sent to Aldershot, and there mixed up in various units. Such a system is injurious to efficiency, kills rivalry, and reduces *esprit de corps* to a low ebb. There is need of a generous rivalry between field hospitals in efficiency, and the way to secure it is to keep each hospital as much as possible together in peace and in war. Thus it was quite possible to have mobilized No. 1 field hospital at Woolwich, and to have let it sail for the seat of war complete as a unit from Woolwich. The officers would have known each other, and the men would have known the officers, and the people of Woolwich would have followed the fortunes of the hospital with some interest, and a rivalry would have existed between the No. 1 hospital from Woolwich and No. 2, say from Aldershot or Dover. The *personnel* would be linked together by service in peace, and the *materiel* would be found not grouped at the central arsenal, but decentralized in the headquarters of each military district. If mobilizing eight or ten hospitals caused hard work at Aldershot, think what the labour would have been had we sent out fifty hospitals, yet two army corps need such an equipment.

While Aldershot was overworked the local districts were quite idle, and this is ever the result of centralization.

It is now quite possible to elaborate a scheme by which each district will be able to produce its own field hospital and its own quota towards the bearer companies, and to do it in peace for war. To achieve this it is necessary to group the medical corps into units of field hospitals and also into a district staff. The latter would consist of men and officers returned from foreign service, and not on the roster for immediate duty abroad. Gradually, as the months went round, the field hospital officers and men would go abroad and their places in the hospital could be taken by the district staff, who could again be replaced by the men arriving from foreign service. But at every moment the field hospital as a unit would be ready, and the reserve men of the district would join at the district centre, and not at Aldershot. Also the volunteer body of the district would be far more likely to join a local hospital embarking from the district centre than they would be if they had to go to Aldershot, and there be posted to any chance hospital. Once the hospitals had embarked the duty of keeping them up to their strength would fall on the *dépôt* and not on the district centres.

On this system Woolwich, Dover, Portsmouth, Netley, Aldershot, Plymouth, Colechester, York, Edinburgh, Dublin, Belfast, Curragh, and Cork, would each be able to mobilize one or two hospitals, and the labour of preparing for war be minimized so much so that the Director-

General would merely have to ring his bell at Whitehall Yard and say "Mobilize" to find it done.

For small wars the establishment at Aldershot of a movable field hospital would be the means of preparing easily. It is essential to keep a mobile field hospital there, and this would be ready for any campaign, and could easily break up into four units, which by simple methods could be increased to four hospitals, in themselves enough for a tiny war.

Following up this system the volunteer army should have in each county a complete bearer company and a field hospital of the volunteer branch of the medical corps, and it is quite certain that in war time trained men would come as volunteers for a campaign and join the regular field hospitals, and be a source of immense help there. All this is not only possible but absolutely easy.

137. The internal organization of the Army Hospital Corps.—We may say, in the very first place, that the Army Hospital Corps should be the most intelligent, the most sober, and the most devoted corps in the whole army. Its *esprit de corps* should be of the highest, and only the most trusted men should remain in it. Its discipline should be admirable as its trusts are enormous. It has for some years gone through trying changes, and should now settle down finally as the Royal Medical Corps, an integral part of, and wholly bound up with the officers of the medical service as a portion of the same corps. The dress, title, badges, mottos, should be exactly the same for both officers and men of the medical service.

We may tabulate various points needing to be dealt with :

(A.) The enlistment to go on as at present by direct entry from civil life, and volunteering from the rank and file of the regular army. It would be a great pity to shut out the many very excellent recruits who now enter from civil life. Some officers imagine that volunteers from regiments are all perfection, but it is quite a question if we would not lose very many superior men if we stopped direct enlistment. As the pay is raised and the title of the corps changed to a Royal corps it will command many excellent recruits in the open market. Dismissal from the corps should be made easy for men who are drunkards, and the Royal Irish Constabulary should be the model we desire to copy, where expulsion would be the most severe punishment.

(B.) We should ask for the highest pay given to any average soldier. The gunner of the Royal Horse Artillery receives 1s. 4d. per diem, and gets working pay if so employed. The pay of the hospital corps man might be made the same.

While undergoing instruction as a recruit he need not receive any extra pay, but simply the pay of his private rank.

There are also many places in a hospital where the man need receive no extra pay beyond the pay of his rank. Notably, if employed as an officer's servant, where the pay given by the officer is enough to compensate the man.

There is need of a grade on ordinary rank pay from which to promote good men, and to which to lower inefficient before expulsion from the corps.

(C.) That the corps be divided into units of field hospitals and bearer companies, and be allotted to military districts by regular numbers, that a district staff be also formed of men not on the roster for field service separate from the field hospital unit. By this decentralization the men would be kept more together, and more rivalry and *esprit de corps* developed. That to each unit of a field hospital a regular staff be told off of sergeant majors, &c., &c.

(D.) The post of sergeant major to be no longer that of steward, but to be chief wardmaster, and the steward's or storekeeper's work to be given to a quartermaster sergeant of the corps. The post of sergeant major is now a very good one, and many such men are needed. It is a capital reward for a good public servant.

(E.) The rank of quartermaster sergeant to be formed, and such an official to be posted to each unit as storekeeper under the sergeant major. One at least is needed for each field hospital and bearer company, or fully thirty five for the corps.

(F.) A class of medical clerks to be formed in the corps like the Engineer clerks, so as to enable a man to rise in his own grade to proper pay and status, and yet not interfere with the nursing duties. These men to provide all the offices, like London, and the district offices with clerks.

(G.) That the extra working pay of the nursing orderlies be higher than any pay given to barbers, gardeners, or washermen, and that a distinct class of nurses with good rank and pay equal to the Class A and Class B of the Royal Engineers be established.

That it be possible to remove a man from this class for any nursing neglect, and allow him to revert to his ordinary duty as a fatigue man about the hospital.

(H.) That the corps be so increased as to embrace all military police, guards, and fatigues about a hospital, and that good men out of these classes be promoted to the nursing duties, and sent back from the nursing duties if inefficient. The cost to the State is no greater if men are sent every day to form a hospital guard, or do police work at a hospital, whether the men come from the hospital corps or from another regiment, it is merely a transfer of the vote from one establishment to another. It would give us a chance of picking out good men, while now we must use all our little corps as nurses.

(J.) That annual prizes for good nursing be given, and a special badge to be worn by the prize winner.

(K.) That the depôt of the corps be removed to Netley, but that at Aldershot a fully equipped field hospital and fully equipped bearer company be kept ready in peace for war, to train all the corps to field duties.

(L.) That sergeant majors of the corps be eligible for the working pay given to sergeant majors of the Royal Engineers and Commissariat Corps.

(M.) That the pay of the quartermasters be made equal in every way to the pay of Engineer quartermasters.

(N.) That a band allowance be allowed for the corps at Netley.

(O.) That a body of drivers like the drivers of the Royal Engineer troops be formed, and that to each hospital in the field a transport

officer, chosen from the hospital corps, be appointed. It would be a good post for a quartermaster of the Army Hospital Corps.

(P.) That a proportion of sergeants in the bearer companies and field hospitals be mounted men.

(Q.) That a regular course of instruction in compounding be given at Netley or Woolwich, and facilities given to acquire the art.

(R.) That it be considered whether a large increase of warrant officers would not be more useful to the corps than the present number of commissioned officers.

(S.) Special pay is needed for nurses attending on infectious cases, and men falling ill while so employed should not lose their pay while sick, and if they die their widows should be treated as if their husbands perished in the field. Epidemics are our battle fields.

138. **Our relations to the Commissariat Department.**—We must always depend very much for our supplies on the efficiency of the general army commissariat. Many people think we should have a commissariat of our own in the shape of a revived purveyor's department. There seems to be no occasion for such a department, in fact it is a mistake having too many separate departments in the service.

What is needed seems to be that there should be a distinct section of the existing army commissariat told off for the victualling and supply of army hospitals in the field when war breaks out. Such a section, trained to general work in peace, would probably work better in war than a small department such as the purveyor's department would be. Every Surgeon-General of an army corps should have a paymaster and a commissariat officer attached to his staff for their special departmental duties. Every field hospital should carry with it in commissariat waggons so many days' supplies still under commissariat charge, and a distinct section of the commissariat corps should be told off to ration the hospitals of a division or army corps, and should carry say one week's supplies for the hospitals with them.

Our commissariat arrangements will always be very important, and the chief surgeon of a division should have power to expend money to a certain amount to buy extras. So far as I have seen, the difference between comfort and discomfort in a field hospital is an affair of a few pounds, and no amount of foresight will make up for the actual demands of war. Money is the great provider, and certain limited power should be given to chief surgeons to expend such sums. An agent of the various Red Cross societies should also have a recognised place on the staff of the Surgeon-General, and his funds would then be available to increase the comfort of the sick. A regular paymaster attached to the chief surgeon would act as accountant for all such sums. We all feel that the nation means her sick soldiers to be cared for in the most thorough manner. It is our absolute duty to speak out boldly and say what we want. England would willingly pay tens of thousands of pounds more for a campaign rather than let one sick soldier in the army suffer an unnecessary hardship.

If every officer of our department will only grasp this one fact, he will not fail to speak out his demands with boldness.

139. **The Volunteer Medical Service and volunteer nurses.**—We have failed in a great measure to utilize the volunteer medical service

as it might have been used. We have at present no volunteer hospital corps nor any non-regimental volunteer medical officers. We need both.

We need to have a regularly commissioned body of volunteer surgeons, of the volunteer medical corps, grouped with ourselves in the Army List, wearing uniform very similar to our own, and trained to do our work in the army home hospitals in war time. We also need a large force, 5000 men at least of a volunteer medical corps, on the lines of the Army Hospital Corps, organized in field hospitals, and bearer companies in each regimental district or English county. Such men, trained in peace, would, it is quite certain, give many volunteers for war, and would do much to strengthen our bearer companies and field hospitals in a campaign. Why they have not yet been organized it is difficult to say, but it tends to show how unimportant medical matters have been considered in our army.

This system would afford to the civil medical profession an opportunity of organizing field hospitals and bearer companies, which would be of enormous use to the volunteer force of England in war time, and without which all claims that the volunteer force is ready for the field are quite in vain. These bearer companies, &c., should be under the command of the district principal medical officer, in the same way that volunteer corps are under the general officer of the district, and it should be easy to parade these with our own hospital corps for practice with ambulance work. Much good would accrue to both by such a system. In exactly a similar way it should be possible to organize a regular body of female volunteer army nurses who, after undergoing a certain training and passing a defined examination, would have their names inscribed in readiness for any great campaign, and who would work with us in the cause of humanity with trained skill.

We find nowadays that at each campaign there is a rush of unqualified volunteers to help. We need to systematize this enthusiasm, and to train people in peace for war, and let them come to us useful and not as encumbrances. A certain amount of female nursing is so essential in our great war hospitals, and is so absolutely necessary in peace, that we should hail any system which would organize it more perfectly. The great lessons in nursing taught by the Seutari Hospital must never be forgotten, and we can learn from its history how much may be done by a woman to systematize and regulate the system in a hospital so great as Seutari was.

The lessons taught by Florence Nightingale, that grand woman, who in those corridors made a name which will never be forgotten while the English race exists, have sunk deep into all our hearts, and her ideas, which once seemed ahead of practical utility, are now received as household words.

Her ideas as to nursing have conquered, her work has been accomplished, and to-day we accept as necessary all the views she fought so hard to spread about the world.

Good nursing has become most essential, and we see more and more how useless without that aid is all the work of the physician or the surgeon. To render our nursing efficient must be one of our highest aims, and training and system, combined with self-sacrifice, will, as far

as nursing is concerned, render our hospitals the absolute homes of the sick and wounded soldier.

140. **The uses of Aldershot.** An organized field hospital and bearer company.—We want at Aldershot, not the *dépôt* of the Army Hospital Corps, for in a camp like Aldershot the surroundings are not what the young recruit needs, but a regularly equipped and complete field hospital, with its waggons, equipment, *personnel* and transport complete, absolutely ready to take the field. The want of such a hospital that we might all see at work, and that the army might understand, is intensely felt. We are the only corps in the army who are forced to imagine our field unit a field hospital, from a few paragraphs in the medical regulations. We want to see one actually in existence, and measure its efficiency in peace for war. The army would then see practically before their eyes the one dream of the unificationists realised, viz. an actual efficient field hospital for the sick soldier, ready and complete in every detail.

This once seen and understood would do more to banish any thoughts of regimental hospitals out of their minds than all the talking possible. Such an organization we need most intensely, and its cost, however great, will willingly be paid for by the nation, if we only tell England that without it we are absolutely handicapped in our aims at efficiency, and that if it is not given us we are certain to fail in our humane duties in the next campaign. No money is spared to build 80 ton guns, and to try experiments with torpedoes, let us have a share of the public money to render ourselves efficient for saving life. In the very same way at Aldershot a bearer company is needed, complete in all details, to work every summer with the troops in the camp, and to show them what we meant when we left our regiments. We meant it for their good and for our own, and if we can show them a field hospital and a bearer company at work we will conquer much opposition.

This bearer company would in a war break up into sections, and these sections would be expanded by reserve men to the strength of a full company, and thus the central trained *nucleus* would leaven the whole mass of reserve men. It may seem costly to demand these two things, but if England means her soldiers to be cared for she must pay for it, and England will never refuse her money if only the reason why it is demanded from her is explained.

To this bearer company and field hospital the medical volunteers of England would be allowed to go for training in the summer, and thus they would take back to their counties good ideas to what their local companies needed.

141 **Difficulties of our position as sanitary officers.**—Many of us must have found a difficulty in making civilian physicians and the civil public generally understand why it is we have had friction with the controlling officers of the army, and why our whole life in the army has not been altogether a beautiful dream. To understand the question it is necessary to remember that the medical service until 1858 was practically a curative service, and not as it is to-day and has been since 1858, a preventive sanitary, as well as medical service. Before the Crimean campaign, and indeed for a century past, numbers of the leading army

physicians preached the now received doctrines of hygiene and preventive medicine, but their voices were simply like voices in the wilderness. No man cared to listen, much less to put their teachings into practice. The more one reads of their writings, one finds that there were great men before Agamemnon, and that Edmund Parkes, glorious teacher that he was, merely represented one of a long line of army sanitarians who had been for one hundred years endeavouring to teach the world.

The disasters of the Crimean campaign first let the light of public opinion into the curtained chambers of the military edifice, and ignorant as the public then were of purely military questions, they tried their hands first at sanitary military reform. Edmund Parkes came to the front, and if ever a name survives in the history of a people, his certainly will. With a band of reformers to help him, and with Sydney Herbert and his able commission to give support and formulate his views, a complete change came through his influence over the status and the duties of the army surgeon.

The army doctor was no longer simply a curative officer; he became, from 1858, an authorised preventive sanitary officer, and from that date to the present a certain amount of friction has occurred owing to this criticising and recommending duty between the executive officers of the army and the medical officers. It would be quite impossible to describe the amount of personal authority and rights of proprietorship some old purchase colonels considered they possessed over the men and officers of their battalions. They seemed to imagine in some cases that they had bought the regiment bodily and could do as they pleased with it. Accustomed to regard the physician as purely a man to cure sick folk, one can easily see that such old-school officers received with surprise, and shall we say annoyance, the recommendations of the newly appointed sanitary officers. Quite untrained in all sanitary questions the old-school officers, like many civilians, looked on disease as a necessary condition of the military life, and gave little heed to the preachings of the doctors. Looking back now over the years that have passed, there is no doubt but that we should have been made into a separate corps in 1858, and not have continued as we did until 1873, acting as sanitary advisers of the men who immediately commanded us. It would have saved much friction, and we would both have been happier.

However, we have gone on since 1858, ever proclaiming that prevention is better than cure, and that he is the wisest of physicians who keeps men in health. This line of thought alters our whole bearing towards disease, and we now no doubt lay down the law as to prevention and as to sanitary safeguards in a way that is not as yet the rule in the profession of medicine in civil life.

We consider ourselves the foremost sanitary body in the world, and we find that whatever opinions foreign armies have as to our military systems, they gladly copy our sanitary rules, and look with amazement at the comfort and sanitary conditions we have won for our soldiers.

Nothing would be gained by telling here the stories of the fights fought for every comfort the soldier to-day enjoys, but we must blame ourselves for not having educated our masters, and thus weakened

opposition. The lesson is full of instruction for the whole profession of medicine, now awakening so much to the requirements of sanitary science. Even as we write the dropping fire of the skirmishers is heard, and one can see on the distant plain the mustering of the hostile forces.

On the one side, hygienic medicine coming to the front as the preventer of suffering, and the abolisher of insanitary conditions that war against all that is beautiful in life, and, on the other side, the dense forces of tradition, prejudice, authority without knowledge, blind force, all these are in the opposition. The medical profession will certainly follow our path of suffering, and will learn, as we have done, that it is essential to combine and fight the battle of progress from our own stronghold of independence and union.

All we have suffered as reformers, they, too, will suffer, and finally, they will emerge victors from the conflict, as ever the greatest, the noblest, the grandest profession man ever studied or practised.

Grasping all life in its grasp, standing by its cradle and by its death-bed, shall we not make ourselves still more worthy of our high trust, and win more than ever the love and esteem of all thinking men by self sacrifice and devotion to duty.

Had we in the army remained simply curers of disease, we would still have been as of old beloved, but we have taken the higher and truer part of preventers of disease, and hence much of our trouble.

We are emerging, however, out of the fight, shaken perhaps, but still victorious, and absolute success will come as knowledge increases by-and-bye. But, in addition to our sanitary duties, we have also the whole of the invaliding of the army in our hands, and the whole of the sick leave of officers and men, and have very great power in limiting the duties of officers and men ailing in health. All the question of the goodness of rations is in our hands, and on our final reports action is taken to secure good and nourishing food for the soldier. The quality of his clothing is very much in our hands, and his lodgment is even open to our report. To whom then are we in the army the greatest benefactors. To the whole rank and file of the service, who know that the medical officer is alone able to speak freely against irregularities which may creep in. It might any day be the interest of inefficient officers to desire that we who in the army fill in many ways the post of independent spokesmen should be a weak and despised department, but it is the interest of the people of England that we be intelligent, outspoken, independent, and free from any undue pressure of any kind. In a battalion, or in a garrison, the only man who has the power to advise and to make recommendations, or who has power to point out the ill effects of certain orders issued, is the medical officer, and if he be crushed out and rendered of no account who is to speak.

We should be a singularly independent corps, reporting to the War Minister directly, and protected by him as valuable checks on the often preventible hardships and shortcomings of a military system. Who else could fill our place? Look through the Army List and see. There are none others who could do the work. All the world looks to the English army as a model of men living under fair sanitary condi-

tions, and we can proudly boast that although we have suffered much in building up the system, it is altogether and entirely the work of the medical officers of the service, and further, it is no copy of any foreign army, but thoroughly and entirely English.

SECTION VII

CONCLUSION

143. Little now remains to be said. In this paper the advantages and drawbacks of the old and the new army medical systems have been fully compared. A verdict wholly in favour of the unification principle is arrived at, and one awaits with confidence its trial in peace or in war. If medical organization can ever attain perfection it will be under this system.

It is necessary again to call attention to the principle that lies behind all this discussion.

Unification means taking our stand as army doctors, and from that basis asking for privileges or for the removal of grievances.

It means living for our profession, and, if possible, combining the learning and skill of the physician with the organization, the discipline, and the order of the soldier, and such a unification is perfectly possible.

It is true we labour under difficulties in developing our culture, thrown as we are in a thousand situations, where all study is impossible, and books and periodicals are never seen.

What we can achieve is comparative professional efficiency in peace, as compared with the old days, and certain readiness in campaign such as never was feasible in any of the old wars.

In England we have intellect, wealth, a splendid tradition of devotion to duty and high professional spirit. And if, with all these advantages, we cannot develop a medical service finer than any in Europe, something must be rotten somewhere. Under the regimental system efficiency could never be secured. Now it is perfectly attainable.

We want for our department *esprit de corps*, strong traditional feeling of devotion to duty in peace and war, and a determination to stand by the soldier in every danger that besets him in every way. We want to be able to appeal to our young officers in the name of a medical department, not a neglected subdivision of the army, but a branch of service with equal privileges, rights, and advantages, with every other corps in it.

With such treatment all will go well. Without it men will come as army doctors, but they will be poor creatures, devoid alike of the spirit of the soldier or the skill of the physician, and they will fail England in the day of her need.

No department can look back on so long and so glorious a record

of devotion to duty as our own army medical corps. Its officers have served England loyally, faithfully, devotedly, pouring out their life and their strength freely in the same stream that her soldiers do. Side by side with the gallant men who sleep in the Crimean graveyards lie sixty soldier-doctors. The Russian bullets and the trying winter of 1854 made no distinction there between the soldier and his surgeon. The doctors who served with them everywhere in peace fell by their side at the last, and the Tartar herdsman to-day feeds his flocks over both their graves alike.

In India, where so many gallant men have fallen, the record of what England's doctors have done is a splendid history in itself, and we are proud of it in every way. Equally devoted to duty with the men they serve with, their rewards have been few and far between, but we trust a better day is now dawning. It is a day of better hope for all us.

We claim that England should pour out with an equal hand her appreciation and her rewards on us, her soldier-doctors, as on her soldiers themselves. If we did good and trusty service in the bad old times when we were forgotten and unhonoured, think how much more likely we are to do well under the more generous treatment of to-day. Few services have such elements for good in them as ours has, and when they are united in one full stream as they never until now have been, we may rest certain that the Army Medical Department will be second to none in every phase of its varied work.

